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**THE MONTHLY  
HOMŒOPATHIC REVIEW.**

16489

**EDITED BY  
ALFRED C. POPE, M.D.,  
AND  
D. DYCE BROWN, M.A., M.D.**

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THE MONTHLY

# HOMŒOPATHIC REVIEW:

## HOMŒOPATHY:

### ITS PRIVILEGES AND OBLIGATIONS.

ONCE again the whirligig of time has brought us to the beginning of another year. The events of 1879 are now matters of history. The successes and failures, the hopes and disappointments, of a year lie before us for contemplation, for instruction, and, we trust in some degree, for congratulation.

As believers in, as those who are endeavouring to promulgate, as men desirous of increasing the appreciation of the doctrine of homœopathy, how have we fared? Has any real progress been made, during the past year, towards the realisation of our most earnest desire that the law of similars—first made practically available by SAMUEL HAHNEMANN—shall be recognised by all physicians as *the* basis of a scientific drug-therapeutics? The onward march of truth, and especially of a scientific truth, and yet more especially still of a scientific truth directly opposed to the foregone conclusions arising from the teachings of early life, is ever slow. But, though slow, it is none the less sure. If a fact in nature be real, be rooted and grounded in truth, it must, as it ever has done, compel the acknowledgment of its truth. So is it with homœopathy. Those who have devoted time and thought to its investigation,



those who have tested its worth by clinical enquiry, know full well that it is true. Those who have refused to study it, who decline to put it to the clinical test, never weary of assuring us that it is false. Experience gives its vote in favour of the value of the therapeutic principle of similars ; inexperience contents itself with silent or noisy repudiation, according to the temper of the medium through whom its utterances are made.

But, while homœopathy is quietly passed by as though unheeded by some, and angrily denounced as something unworthy of consideration by others, it is at present, under some guise or other, influencing the practice of medicine to a degree hitherto unknown. The now fashionable therapeutic doctrine of the "opposite action of drugs" is neither more nor less than homœopathy. In well nigh every page of a modern work on therapeutics, of one which discusses the actions and uses of drugs, this doctrine is taught. Take, for example, BINZ's *Therapeutics*—a work which is highly regarded by Continental physicians, and is much esteemed by many here—in discussing the physiological properties of nearly every drug which has been subjected to experimental inquiry, the well-known professor of *Materia Medica* in the University of Bonn points out its double or opposite action ! In this way he—perhaps unwittingly—compels the homœopathic use of a remedy in very many instances. Such researches as those of Professor BINZ, as those of Dr. SYDNEY RINGER, Dr. LAUDER BRUNTON, Dr. WOOD, of Philadelphia, and others, are rendering valuable service in the promotion of homœopathy. They do so by assisting in explaining—or at any rate in putting a scientific interpretation upon—what we know to be facts, explain them howsoever we may. An explanation, however accurate, does not render an observation true, any more than one that is erroneous can justify us in regarding it as



fallacious. HAHNEMANN'S explanation of the law of similars was possibly false, but the truth of the law itself is untouched thereby. All attempts to ascertain how—to learn the processes by which—a natural law operates increase the interest in that law, render the mind more capable of grasping the idea it conveys, enable its practical application to be effected with more confidence and greater readiness. Hence we regard the therapeutic labours of the modern school of therapists with the deepest interest; we look upon their work as facilitating our own. They may not know it, difficult as it may be to conceive how they can avoid doing so, but they are preparing the profession to receive the teachings of HAHNEMANN to an extent which renders us their debtors.

While, however, we find so much in the therapeutic researches of the day on which we may well congratulate ourselves, we must be careful that we do not estimate at a higher value than it deserves such work as this. It represents but an inadequate part of what we desire to show is the best method of drug selection in the treatment of disease. It points to a medicine on grounds of broad generalisations, rather than on those of individualisation. It is in this part of the subject that the physiological therapist of our time has yet so much to learn. It is, we verily believe, the recognition of this principle by HAHNEMANN that has been the means of enabling his disciples to effect so much good as they have been able to accomplish. But it must also be admitted that it is even this which has rendered the practice of homœopathy so difficult. It is the neglect of this—owing to this very difficulty—that leads to empirical practices by some who know full well that homœopathy is true—a neglect which, the more it is indulged in, the weaker does the physician's power to control disease by medicinal agencies become, the more



rapidly does his familiarity with the *Materia Medica* diminish, until, from routine generalisation having taken the place of that careful individualisation which marked his earliest efforts in the practice of homœopathy, his success in the treatment of disease becomes less marked, less satisfactory to himself; and, not recognising the true cause of the repeated failures of his prescriptions, he falls back on antipathic expedients, and may even begin to think that his early experience of homœopathy was fallacious. It is not homœopathy that is at fault in such cases as these, but the practitioner of homœopathy. We may rest assured that just in proportion as our cases are prescribed for with reference to the minute manifestations of disease, so will be our success in its treatment.

The opening of a new year is an appropriate period for careful self-examination. We would, therefore, urge upon our colleagues the duty to themselves, to their patients, and to science, of reflecting how far they have in the past neglected the important principle of individualising each case that has come before them, each medicine that the coarser and more obvious phenomena of disease have induced them to prescribe. We know of no better watchword for the homœopathic physician for the year 1880 than "INDIVIDUALISE."

Again, in studying the physiological action of drugs, our medical brethren who are, as it were, looking towards us, rely far too much, in their enquiries, on the influences drugs exert over the lower animals. Experiments of this kind, useful and interesting as they are, are but subsidiary to such as were directed by HAHNEMANN, and undertaken by him and his early disciples so thoroughly and on so large a scale. That "the study of mankind is man," is true in more senses than that felt by the poet when he gave utterance to the sentiment. To know in what direc-



tion a medicine will act upon human beings, it must be taken into the human body. In no other way can accurate knowledge be obtained, by no other can we secure such information regarding it as shall be of service at the bedside.

The dose, likewise, in which physicians of this type commonly prescribe is very generally so large that the finer and more delicate shades of the action of the drug are lost, and in this way the materials for that minute individualisation which is, as we have endeavoured to show, so important a factor in the right selection of a remedy, are prevented expression.

While, then, we may fairly congratulate ourselves that the principle of homœopathy is making silent but unadmitted progress amongst the old school, we must remember that much work remains to be accomplished, much important truth requires to be taught ere we can claim that triumph for homœopathy which we have, during so many years, striven to obtain for it.

We must be content, therefore, to persevere in insisting, not only upon the importance of the principle of similars, but upon those details which are inseparably connected with it—details without which it is at the best a very imperfect method, but details together with which it presents us with a mode of studying and of using remedies in the treatment of disease which has stood a longer test, has been productive of more brilliant results, than any which has ever yet been worked out.

Whatever, therefore, enables us to bear the most ample the most uncompromising, testimony, to the truth of homœopathy, it is our duty as physicians and as men to give. If we trifle with what we believe to be truth, we do so at our peril. To sacrifice what we believe to be true, whether in religion or in science, to what may appear our interest



or our convenience, is an act of cowardice. With whatever facility we may endeavour to explain away such a course to ourselves, it is none the less one of simple cowardice.

The very word homœopathy is to some a stumbling block. It is looked upon as a sort of stigma, as a reproach. Do, we would ask, those who thus regard it ever reflect that that word represents a truth in medicine of the first order? That it defines the method by which experience, all the world over, has shown that we may most surely attain the "supreme end" of our profession—the relief and cure of disease. Let any one who questions the vast importance of homœopathy, both to suffering and to science, watch the progress of any acute illness, we care not what, treated according to the injunctions of the text-books of the schools, and observe at the same time that of one precisely similar treated homœopathically, and we feel sure that it will be impossible not to recognise the advantages, not only indirect but direct, which the latter possesses. The diminution of suffering during illness, the rapidity of cure, and the brevity of convalescence, are all in favour of the patient who is under homœopathic care. The sceptic will probably reply that these advantages are due to diet, to better nursing, to greater attention to details by the homœopathist. We do not believe that there is so much difference between the general management of one patient and another, as to account for the difference in successful treatment. But even were it so, if the practice of selecting drugs because of their homœopathic character does tend to a more suitable dietary, to improved nursing, and to greater care in points of detail, surely this is of some consequence, and so represents an advantage arising from homœopathy! Says another, the difference is owing to an abstinence from drugs. Then why use drugs at all? Why all those manifold directions in works on Practical



Medicine as to the employment of narcotics, purgatives, tonics, diaphoretics, and so on? But repeated experience has shown that the advantages secured by the patient treated homœopathically are *direct*, are due to the action of the rightly chosen drug. If this be so, where, we would ask, is the stigma attaching to an acknowledgment that homœopathy is true? It has no existence, save in the minds of uninformed and prejudiced or time-serving persons. So far from there being any reproach in such an avowal, it is an evidence of foresight, an expression of increased therapeutic knowledge, it exhibits a mind bent upon investigating facts, regardless of professional prejudices, of one determined to hold fast that which he believes that he has found to be true.

Away, then, with the paltry fear of being looked upon as a homœopathist. Did we but appreciate homœopathy at half its real worth, did we but estimate aright the advantages it secures to our patients, the power it confers upon ourselves, we should be proud of being known as homœopathically practising physicians, as being of the number of those who, through good report and evil report, are confessing the reality of the greatest fact hitherto discovered in therapeutics!

It is, therefore, not only a duty, but an honour to publicly avow our faith in homœopathy. But allegiance to truth demands more than simple confession. It calls upon us to sustain, as far as lies in our power, all institutions designed to promulgate it. Have we done this during the past year? Our Hospital, where homœopathy is illustrated; our School, where homœopathy is taught; our Societies, where homœopathy is cultivated; have these received from us the support they have a claim upon us to give to them? These are questions each must answer for himself, and where a confession of failure in duty in either



respect is the inevitable answer, we trust that the year 1880 will show a renewal of interest, a revival of energy, in an endeavour to render these institutions as valuable as they can be made. In each instance those who are engaged in carrying on the work each is designed for, are, we feel sure, earnestly, actively, and usefully engaged. They deserve, they are entitled to expect, the support of those whose interests they devote themselves to sustaining. Our Hospital is flourishing, is doing a useful work, and is a credit to homœopathy. It has its enemies, its detractors, even among homœopaths. But when these have said all that they can imagine regarding it that is evil, that all simply amounts to this—that, through their influence, through their *penchant* for inventing and circulating scandal regarding it, it has been deprived of just so much income, and therefore of just so much opportunity for usefulness, so much influence for good.

The School has, during the past year, entered on a period, we trust, of quiet, uninterrupted usefulness. The opponents of the school endeavoured at the Congress to stir up strife once more, but the effort was a failure, and only served to show how thoroughly wearied and disgusted homœopathic practitioners are with the endeavours that have been made to check its progress. Knowing well the dogged determination of those who have ever been seeking to strangle the school, we do not presume to suppose that, in some insidious form or other, the attempt to break it up will not be repeated. It is necessary, therefore, to be on our guard against opposition; but at the same time we may well congratulate the School Committee on having a little period of rest and peace, during which they may fulfil their mission quietly and successfully. We commend the interests of our School to the attention of our medical brethren. We ask them to bring it before the notice of



any allopathic friend who may be desirous of studying homœopathy, of any young men who have recently qualified; we urge them to utilise this means of introducing homœopathy to medical men in every way that lies in their power.

Our Societies and meetings for discussing matters of professional interest require the active and personal attention of all. They form not only centres where much may be learned, opportunities for contributing somewhat to the general fund of scientific knowledge, but are bonds of union where, by personal intercourse, we may learn to know each other better, to sustain one another in the difficulties which surround us in the propagation of a truth that is regarded with so much hostility by so large a proportion of our medical brethren. It is impossible that, where so many individual interests and wishes are concerned, every one should find all things conducted as he would desire. Mutual forbearance is essential to the existence of all societies; while nothing is more to be deprecated than retirement from a society on the ground that every detail of its management is not in harmony with the views of an individual member. The meeting of Congress last year was in many respects one of great interest, and one fairly entitled to be regarded as successful. We trust that, when we meet in Leeds during next autumn, we shall see a still larger gathering than we did at Malvern in September last, and hope that the papers to be read will be of equal interest and importance with those presented there.

To one other method by which homœopathic practitioners may discharge the duty devolving upon them of striving to render homœopathy better known, more easily understood, and more successfully practised, we must allude. We refer to the support our medical journals are entitled to look for. The pages of this and other periodicals offer



to the profession a medium through which they may record their experience, may discuss moot points of doctrine and practice, and take a part in the great work of developing homœopathy. We appeal to them to aid us by contributions of practical, useful, and interesting papers. The mass of experience which lies unutilised is enormous. To render it available for the instruction of our brethren all that is required is a little industry and a little effort. That such industry and such effort are duties is incontestable. We trust that, during 1880, we shall have in the *Review* abundant evidence that this duty is recognised.

During 1879 our ranks have been somewhat thinned. Drs. CLEMENT WILLIAMS, HORACE and EDWARD FLINT— young men whose lives, brief though they had been, had given abundant evidence of capacity and future usefulness—have been removed from amongst us; while Dr. KENNEDY, Dr. MALAN, and Dr. HEMPEL of America, have been taken away, after having accomplished a large amount of important work; and among those of the public who take a lively interest in homœopathy, we have had to mourn the loss of two of our most enthusiastic friends and most earnest supporters, in the persons of Mr. CHARLES TRUEMAN and Mr. FREDERICK SMITH. Such men are indeed difficult to replace; but the work they did so well when in health has been taken up by others, and we trust that their successors will emulate them in their efforts to do good by promoting homœopathy. We are glad to be able to record a considerable accession of strength during the past year to the number of our practitioners—the result, in no small degree, of the work of the London School of Homœopathy. We hope that, during 1880, these numbers may be added to, and that when the end of the year arrives we may be able to congratulate our readers on the progress homœopathy has made, and on the yet greater number of those who, while practising homœopathically, are ready to confess that they do so.



## THE LIMITS OF HOMŒOPATHY.

BY WILLIAM SHARP, M.D., F.R.S.

“The speech of Truth is simple.”—BULLINGER.

LET me attempt, in as few words as possible, to repeat distinctly once more, what the examination of Hahnemann's system, which was begun in fear but with a good conscience, thirty years ago, has led me to believe are the true limits of homœopathy. By this is meant the limits of the use in practical medicine of the principle or rule quaintly expressed in three latin words—*similia similibus curantur*, or by two Greek words—*ὁμοίον πάθος*

It is well known that Hahnemann extended the application of this principle to many things besides medicines; for example, to the physical agents light, heat, electricity, and magnetism; to mental and moral emotions; to the influence of one disease upon another. Others, as Dr. Geddes Scott, have extended its application still further. Some, as the Rev. Hugh Macmillan, have imagined that it is fitting to apply it even to the hallowed memories of the Christian religion.

The investigation, of which this is a brief summary, in its early stages produced the conviction that if the principle is a scientific one—that is, if it expresses a natural truth or general fact in nature, it must have discoverable limits. Very soon one definite boundary was noticed and insisted upon. Since then, further limits of great practical importance have been observed, and attention has been called to them with much earnestness.

It may be of some use to those who shall take up and continue this enquiry, to have the most conspicuous of these limitations clearly put before them in few words.

They are these:—

1. The principle or rule is limited to drugs.
2. It is further limited to certain larger doses of each drug.
3. It is still further limited to the kind of action of these doses.

### 1.—*The principle is limited to drugs.*

This limit has been so thoroughly examined in the early essays, and after much opposition, has been so universally



allowed, that it cannot be necessary to go into its examination afresh now. Any one who will read with attention, and without prejudice, essay vi., will surely be satisfied that this limit is true.

2.—*The principle is limited to certain larger doses of each drug.*

This principle was ascertained when the contrary action in health of certain larger and certain smaller doses was discovered. The facts are studied in detail in essay xxii. and subsequent ones, and to express this contrary action the name of *antipraxy* was given.

It is obvious, from experiments in health with small doses, that where these small doses are given as remedies for diseases resembling those produced by the larger doses, their action is not on the principle expressed by the words *similia similibus*, but on that of *contraria contrariis curantur*.

The announcement of this limitation of homœopathy was met in the usual manner. Some contended against it with great and prolonged opposition. Others professed that it was announced long ago, and had been examined and rejected. While one writer astonished us by calmly asserting that it had always formed a fundamental part of homœopathy.

Let the essays on this subject be read; let the experiments be repeated; but let it always be remembered that the word *antipraxy* was given to express the contrary action in health of certain different doses of drugs; and that this contrary action has been proved by experiments upon ourselves, and not by any kind of experiments upon the lower animals.

3.—*The principle is limited to the kind of action of the larger doses.*

The seat of the action of diseases and of drugs—to which the name of organopathy has been given—is not a *simile* (like) but an *idem* (the same). The question of *seat* therefore—that is, the morbid anatomy of disease and of drug action—is not a part of homœopathy. The locality of a disease and of the action of a drug are facts external to and independent, not only of Hahnemann's, but of all homœopathy.



Seeing that all diseases are local, and that the action of all drugs is local, and that the use of drugs as remedies depends upon the connection between these local actions (organopathy), it is evident that in practice, before prescribing a remedy, the question of seat of disease and corresponding seat of the action of the drug to be chosen, must be settled first, before any question of *similarity* can with propriety be entertained. There is no such thing as "homœopathic specificity of seat." When a diagnosis of the disease has been arrived at, and drugs acting upon the same organs as the disease is acting upon have been found, then the time is come for homœopathy. The drug, whose kind of action in the larger dose is *like* the kind of action going on in the patient, is to be given on the principle of *similia similibus*. This is to be done for the reason that the action of the smaller doses of this drug will be in the *contrary* direction. This contrary action is true in two senses: it is contrary to the action of the larger doses, and it is contrary to the action going on in the diseased part. The drug is given as a remedy (1) because the seat of its action is the *same* as the seat of the disease (*Organopathy*); (2) because the kind of action of the larger doses is *similar* to that of the disease (*Homœopathy*); (3) because the kind of action of the smaller doses is *contrary* to it (*Antipathy*).

As far as is practicable, the drug to be given as a remedy must act on the same organ as that on which the disease is acting; not on a similar organ, which would seldom be possible. What organ is similar to the brain, or the stomach, the spine, or the liver? Those who call this homœopathy forget that the meaning of the word *ὅμοιος* is *similar*, not the *same*. How strange that it should be necessary to remind some writers, whose tone is anything but a modest one, of this elementary learning.

As far as is practicable the kind of action of the drug to be given must be similar to that which is going on in the diseased organ. The two kinds of action are similar, not the same. *Scarlet fever* acts upon the throat, the skin, the brain, the eyes. The plant *deadly nightshade* acts upon all these organs—upon the same organs. The kind of inflammatory action produced in these parts by both drug and disease is similar, not the same; for one is contagious, the other is not.

It is clear, then, that the consideration of the pathological seat, which Hahnemann vehemently rejected, is not,



and cannot be made to be, a part of any homœopathy, inasmuch as there must be identity, and not similarity, between the seat of disease and the seat of drug action. The pathological seat is a distinct branch of study, not to be neglected, but to which Hahnemann of set purpose, and with all his might, shut his eyes; and which is still vigorously disowned by those who claim to be the followers of Hahnemann.

This distinct branch of study consists of three parts—the seat of disease, the seat of drug action, and the identity of seat between the disease and its best remedy—and has had the name of organopathy given to it. It is not homœopathy; nor any part of it; for it can exist without any acquaintance with homœopathy of any sort. But it is knowledge essential to the best application of the rule of *similia*; and it should precede the search for the “homœopathic” remedy. Organopathy is the firm foundation upon which homœopathy, in this restricted, but as it would appear only true sense, can be built.

The apprehension of these distinctions is so important that, at the risk of being tedious, I will try again to make them intelligible. Let us think. There are (1) organs of the body; these may be healthy, or they may be the seat of disorder or disease. (2) Functions of the organs; these may be healthy or disordered. (3) Signs and symptoms; by these we learn where anything is going on, and what it is. Between the first (the organs) and the other two (functions and signs or symptoms) there is a well defined and permanent natural division. It will always be possible to distinguish between the organ and its condition and functions, and also between the organ and the signs or symptoms of its healthy or unhealthy state. Consequently, it is not only possible but necessary to separate our study of the first from our study of the other two.

Between the second and third—between functions and their signs or symptoms—the division is arbitrary and therefore variable; but in our present state of knowledge it is necessary. Suppose an organ performing its functions in health; the work going on may not be perceived by us at all, except through certain results,—*e.g.*, the stomach digests food, but all that we know of this is renewed strength and the feeling of refreshment. This feeling and the consciousness of increased capability of labour are the



signs to us that the work of digestion has been done, and done well. These are the signs of health. The same organ is endeavouring to perform its functions in illness, but it cannot perform them well; the food is not thoroughly digested, and the signs of this are not wanting, such as flatulence, nausea, pain. These are the signs of illness. These latter signs are called symptoms. It is useful to separate the study of these two things, and to make the condition of the organ and the doing of its work one study; and the signs or symptoms by which we learn these, another study.

It has been remarked above that the line of separation between the functions of an organ and the signs of their healthy performance, or the symptoms of a disturbance of them, is not so definite and clear as is that of the separation between organ and function, and between organ and signs or symptoms, but it exists. Renewed strength and the feeling of refreshment are not to us parts of the process of digestion; they are effects or results of it. So coughing and vomiting are not parts of the pathology of bronchitis and dyspepsia, but they are effects of them. For practical purposes it is useful to bear this distinction in mind. Were the whole process of the functions of the several organs, from beginning to end, visible to us, the division of pathology and symptoms would not be necessary, but it is not likely that such knowledge will be given to us. The distinction will remain, and the division must be continued.

When drugs are tested on healthy persons, these three divisions should be attended to; and, in addition, the different kinds of action of different doses of each drug should be carefully observed and recorded. For these purposes nearly every drug requires to be re-proved. There is here plenty of work for the younger generation. Would that they were stirred up to undertake it. The method of prescribing drugs still followed by the great majority of the medical profession is deplorable, and the serious mischief to patients done every day is great. Especially is injury caused by ignorance of the contrary action of larger and smaller doses of the same drug. Just now, one of my own patients, through the failure of his harvest, had become melancholy, and it was feared he might attempt to destroy himself. From illness I was not able to visit him. The doctor who saw him prescribed tincture of belladonna in  $\frac{1}{2}$  drachm doses every four hours,



and he was driven into furious madness. His wife and children had then the inexpressibly painful duty of taking him to an asylum.\* I should probably have given him, with other medicines, the same belladonna, but in such small doses as to secure the action contrary to that of the large doses. These small doses would have been given with great confidence of doing good to the unhappy man, and so of averting a great domestic calamity. It is not too strong an expression to say of medical men who cannot see the harm done by their medicines that they are blind, for they do not see the visible effects of their own handiwork.

The commonest and simplest acts, if they are to be wise and good, must be founded on true principles. Hence the necessity of devoting any amount of time, labour, and thought to the acquirement of true principles. Empiricism and eclecticism are unsound and insufficient foundations, exceeded in worthlessness only by theory. If it be possible, let us learn *general facts*, and make them our principles, and let us give these principles a steady and loyal obedience in small things as well as in great ones. Let it be remembered :—

That *antipathy*—the contrary action of remedies in disease—is the explanation of the cure which so often follows the giving of small doses of drugs.

That *antipraxy*—the contrary action of larger and smaller doses of the same drug—is the explanation of *antipathy*. That it is also the reason for selecting remedies by the similarity of their kind of action in the larger doses to the kind of action of the disease, and that the prescribing a drug as the best medicine in every case because of this similarity, is true *homœopathy*; but it is not the homœopathy of Hahnemann. It differs from it, not only in the limitations above described, but also in the following important facts :—

1. Hahnemann records, in his provings, symptoms only; in like manner he notices, in his patients, symptoms only. He rejects pathology, therefore there can be no organopathy in his system.

2. He distributes the symptoms of each drug over every part of the body, therefore they cannot be distinguished from each other by any local action which can indicate for each a special seat of action.

\* Since this was in type I have heard of his death.



3. He gives no account of the doses taken in the provings, therefore no distinction can be made between the effects of different doses.

4. He attributes the most opposite effects to each drug, and he attempts to explain these by various hypotheses of primary, secondary, and alternating actions—*e.g.*, ipecacuanha “removes the tendency to vomit in very sick individuals by means of its primary power to excite vomiting.” This tells us no more than Molière told us when he said, “*Opium facit dormire quia in eo est virtus dormitiva*”—opium sends you to sleep because of its sleepy virtue. Nay, it says what is only partially true, for ipecacuanha possesses the contrary power as well; each action belongs to it—the one in the larger, the other in the smaller, doses.

5. As a consequence, an opponent of Hahnemann is justified in saying that they both may select the same remedy for the same case—one on the principle of *similia*, the other on that of *contraria*—*e.g.*, they may both give opium for diarrhœa, because both constipation and diarrhœa are written down in the provings; and, for the same reason, both may give opium in constipation. The division of doses into larger and smaller, having contrary actions, does away with this confusion.

6. Hahnemann, in his later years especially, prescribed infinitesimal doses only. There is no reference to such doses (*i.e.*, doses smaller than the millionth of a grain) in this essay. It must first be shown what these doses can do in health, before they can be given, except empirically, in sickness.

Rugby, December 5, 1879.

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SOME SENSATIONS AND PAINS DISCUSSED,  
WITH AN ATTEMPT TO DETERMINE THEIR  
MODE OF ORIGIN AND PRODUCTION.

BY THOMAS HAYLE, M.D., Rochdale.

PART III.

(Continued from p. 533, vol. xxiii.)

THE unsatisfactory mode in which the great Hahnemann has determined to record his provings, becomes painfully apparent when the inquirer attempts to fix the seat and nature of the various symptoms arranged under one



common name. In order to do this with accuracy, he requires to be informed as to the history of the symptom, its antecedents, and the way in which it disappears; he also requires to know the concomitant symptoms, in fact the general state. Instead of this we are presented with a set of detached symptoms, torn away or rather clipped sharply off from all we so much desire to know. Instead of an articulated skeleton or organic whole, we are presented with a puzzle-box full of detached pieces like those of a dissected map, but without the connecting links of those simpler specimens, to connect which formed one of the self-denying recreations of our boyhood. The cubes of the present rising generation are more complex, but even they have the model map as a guide through the puzzle of their hexahedral possibilities of error. Our model map, however, is denied us, and we have to construct one out of a careful analysis of the whole proving. The proving, however, is made up of these fragments, and the accuracy of our analysis will depend on the accuracy of our juxtaposition of the pieces.

Fortunately, however, some symptoms are at once recognisable as of greater importance than others, as affecting organs of higher value and influence, and physiology and pathology come in to our aid in a way and to an extent not easily imaginable in the days of Hahnemann. I am not prepared to deny that in our inquiries we may occasionally arrive at a symptom which may have for us the value of a key-note. Even in Hahnemann's time the application of the principle of *similia* in practice, beset as it was with difficulties, was followed by very brilliant results.\* Hahnemann's plan of arranging symptoms in mosaic was less an obstacle to their practical application in disease than to the scientific appreciation of the value of each individual symptom. If you happened to be wrong in getting the simile of any particular symptom, yet in getting a number of individual symptoms to cover the group occurring

\* At the commencement of croup I have watched the fall of the pulse at the rate of twenty beats in as many minutes; and in the same space of time the noisy and distressingly laborious efforts at breathing subside into easy and tranquil respiration, soon to be followed by healthy slumber. The medicine used was *aconite* in the 80th attenuation, given every ten minutes. Croup taken at the commencement, and thus treated, is a very manageable disease. This, however, is only one instance among many. Many symptoms, especially if of a dangerous character, are so marked that there is no doubt about the simile.



in a case under consideration, especially with regard to the more important symptoms, the chances in your favour were greatly increased. In Hahnemann's days, too, greater respect was shown to the action of a medicine than in ours. Its action was not so frequently nor so recklessly interrupted. The long measure of success which attended the new practice, and the firm hold it has taken of the public and professional mind, attest the value of the principle, though from the nature of the case it could not be thoroughly and scientifically applied.

The first practitioners of homœopathy had a group of symptoms to aim at, which, though not capable of being suited with an exact *fac simile*, could be sufficiently matched for practical purposes. Their weapon was a rifle carrying only one ball, and never overcharged. If they missed, no harm was done ; if they hit, the disease and not the patient succumbed.

On the other hand, the practitioners of the old or routine school, their contemporaries and persecutors, used a weapon which may be called a blunderbuss, very highly charged, and crammed under the influence of polypharmacy with various and heterogeneous missiles, which scattered as they flew. The aim of the combatants was an hallucination, for while every one aimed at what he fancied to be the nature or cause of the disease, very few had the same hallucination. "*Tot homines, tot sententiæ.*" The result may be imagined. The shots flew about in every direction, hitting everything but what was aimed at, or if the hallucination was hit, or rather turned out to be not an hallucination, doing still greater mischief. Here you saw a man labouring under the pangs of *tormina* and *tenesmus*, there another under the disgusting bouleversement of emesis ; there one prostrate under loss of blood, another comatose from the effects of a narcotic blow on the brain. Certainly those who caused these misfortunes were dangerous lunatics, yet how wise they looked, and how respected they were.\* It recalls to my mind a witty summing up of one of our judges. The case was one of a charge of murder against a farmer for having shot a boy in one of his orchard trees. Now the farmer had only tried to frighten the boy, but had, unfortunately, contrary to his intention and to his great

\* Are we not all solemn fools ? Yes, all but those who have "the still witness in the heart." They know what they are, and their place and use in creation.



horror, killed him. The judge, convinced that this was the true state of the case, summed up as follows: "Gentlemen of the jury, the evidence goes to show that the farmer fired at nothing and missed it." The allopathic misses were often equally dangerous. In the interests of truth I have endeavoured to depict things in the two camps of medicine exactly as they appeared to me. I have put my view of allopathic practice as strongly as I could, with the purpose of refreshing the pure minds of our brethren by way of remembrance. The evils and mischief of the old practice are much mitigated at present; but polypharmacy and hallucination are still mischievous enough to require a reference to the past to show their tendencies. I trust to offend no one by these remarks. Indeed, for fifteen years of practice, now covering more than half a century, I have done the things I criticise, and very earnestly and vigorously too. My hallucinations and dealings in slug shot have, I am sure, been very injurious to my fellow-creatures. I certainly devoutly wish my blunderbuss with its heavy charge had kicked and laid me on my back.

But to return to our subject. What is a burning pain? What are its causes? And in what tissues does it occur? Let us take the simplest case, arising from an external cause, which is therefore known. When a body at a high temperature, especially if it be a good conductor, is brought in contact with the skin, a painful sensation, which is characterised as a burning pain, is felt. Now what takes place? The molecular movement in the heated body is passed on, or communicated rapidly to the tissue of the skin largely supplied with tactile nerves and blood-vessels. Now so rapid is this entrance of heat and consequent disturbance of molecules, that it cannot be passed on sufficiently quickly, owing to the inferior conducting power of the body. It accumulates, and if sufficiently intense, will produce disorganisation. In fact the heated portion acts almost as a foreign body. A high temperature, and the rapidity of its conduction, are required to produce the phenomenon, or rather sensation—in fact both. This is an instance of the action of external heat at a much higher temperature than ever occurs internally from the action of internal causes. Let us now take an instance of the action of these causes, in which the sensation of burning and intense pain occurs in its most marked and characteristic form. A highly valued and esteemed medical friend of long



standing, who is a bit of a humourist, writes to me on the receipt of my first paper of this series:—"Very many thanks for the paper, the perusal of which interested me much. The sensations and pains—the *twitches*, aches, and *burning pains*—are well known to me *practically*. Confound them!" The poor fellow suffers terribly from rheumatic gout, especially in the knee and ankle joints. The heat is nothing near so great nor is it so abrupt in these cases as in those just mentioned, yet the sensation amounts to agony. The parts, too, are by no means so well supplied with blood-vessels and nerves; in fact, in the former case the nerves are expressly laid out to receive and convey impressions; in the latter they are just the reverse. This is the case when the joint is in a healthy state. Should inflammation take place, the capillaries dilate, the synovial membrane ceases to secrete its lubricating fluid, the joint does not work freely, friction is increased, or rather begins to become perceptible to the patient, and the specific sensitivity of the articular nerves is aroused, and pain increases to agony. Heat is, as usual in cases of inflammation, developed, but why does the sensation of it amount to burning? Simply, I conceive, from its connection with the intense pain. The recipient ends of the nerves, in joints supposed to be similar to end bulbs—if not, as others suppose, a fine plexus\* are put into great molecular disturbance, and cease to be true interpreters of the amount of heat; in fact, exaggerate it even to a sense of burning. This would necessarily happen if the position I have taken up be true. If there are no special nerves for the conveyance of impressions of heat, if these impressions are conveyed in the same way† as other sensations, and in common with them by the same nervous fibrils, then if they are simultaneous they will mutually affect one another, forming compound sensations, diphthongs of pains, and the intensity of a sensation or pain will increase the intensity

\* W. Krause describes the nerves of the synovial membranes (at least those of the joints) as terminating in peculiar corpuscles, allied to end bulbs.—*Quarus Anatomy*, ii., 204, 8th ed.

† Dr. Murray Moore's case, as will be seen by my letter, has modified this view, but not so as to invalidate it when used in the explanation above given. I still hold that impressions of heat require no special apparatus for their reception at the peripheral ends of afferent nerves, but that in their progress to the nervous centre, adapted for their perception, certain nerves are separated in their course and have a different destination, although at their extremities they are intermingled with nerves of simple sensation, and are affected by their state and movements.



of a sensation of heat. For as the sensation of heat is conveyed through a movement of molecules, anything which increases the movement of these molecules, such as an impression felt as pain at the other end of the wire, will increase the sensation of heat. This reasoning, if founded on facts, leads to a practical result in the application of the law of similars. If the burning be not an independent symptom, but depends on the accompanying symptom, then a medicine which in the proving produces the independent symptom may be eligible for selection, though it does not produce the burning. For the symptom may be unaccompanied with inflammation, or may be very slight, and may thus occur singly, although the medicine which has caused it might in a stronger dose or under other circumstances and in other constitutions produce also the symptom more demonstratively and accompanied with burning. In symptoms of "burning" also, unaccompanied with inflammation as referred to the blood-vessels, or, in the case of my patient mentioned in the second paper of this series, we are, I submit, authorised to conclude that there is a movement among the extremities of the nerves of the parts in question which exaggerates the impression of the natural heat of the part, and gives the sense of burning. My patient has these impressions of burning when the atmosphere is strongly electric, as when a thunderstorm is felt to be imminent. She has a strong feeling of objectless dread, and is restless, and it is then the feelings of burning come on over extensive parts of the body, but in a way that she cannot define their exact tissue locality; it is not, she says, in the skin, or the muscles, or the bones—that is not definitely—but it is in the limb or part of the body affected. If the patient knew the structure of the body she would probably say it was in the capillaries. Now, how does this electric state of the air act? centrally or peripherally? The feeling of oppression of the mental faculties commonly felt, and my patient's sense of undefined dread and restlessness, incline me to answer, centrally. Hence a general molecular movement is set up through the extremities of the vaso-motor nerves of the system, and hence the symptoms. This view concurs with, I dare not say confirms, that given in my remarks on the case. Nevertheless, the initiative may be taken from the periphery; the symptoms may be accounted for either way on my hypothesis. As an illustration of the application of the law of similars, we



may observe that arsenic produces this sense of dread and restlessness, and also this sense of burning in the vessels, and is therefore homœopathic to the symptoms; but if the sense of burning occurred without the central symptoms, which are its *raison d'être*, arsenic would not necessarily be homœopathic to it, a fact which shows the practical value of these researches; and the mischief that has been done by Hahnemann's separation from one another of symptoms standing in causal relation. This is true, whether my reasoning in this particular instance be right or not.

Whenever very dense tissues press upon vessels and nerves and change their relations to them by growth or inflammation, severe pains are felt, accompanied often by burning. This occurs in scirrhus growths, especially when ulceration takes place. It is interesting to notice a case reported in the *Allgemeine Homöopathische Zeitung*, 44.15, by Strong, in which a sensation of burning was felt in three tumours reported as scirrhus on changes of weather, in which *arsenic* 30 was of service. Another instance of the similarity of arsenical burning to that produced by electrical changes in the atmosphere. The burning in cutaneous and mucous membrane inflammations probably depends on the inflammation extending down to the denser parts of the corium and mucous membranes. Accordingly we find Ehrhardt, in *Allgemeine Homöopathische Zeitung*, speaking of arsenic being extremely useful in ulcers of the mouth, which were corroding, biting in *deeply*, and accompanied by violent *burning* pains. The medicines also which excite this feeling in the mouth and throat are of intense action, such as *bell.*, *lachesis*, *cantharides*, *croton*.

The action of the circular muscular fibres around an inflamed mucous surface often produces burning from the severe pain it excites, as in the throat and anus, especially when piles are present, and in the neck of the bladder. Other and neighbouring parts of the mucous membrane may be inflamed, but it is especially where these fibres press that burning is felt. A remarkable illustration this of the truth of my theory that the sense of burning is caused by pain. In practice, therefore, and the selection of the remedy, the burning should not be considered an essential symptom, but its accompanying pain. Very suggestive this of the way in which a homœopath should treat the "totality of



the symptoms" if he would be scientific—that is, get to the facts. Very suggestive also of the necessity of pushing these researches into the nature of each sensation and pain. I trust I am but opening the way for some one better qualified for these inquiries to become the Newton of the phenomena of the human organism. I may have been wrong in every one of my conclusions, but the necessity for attempting to draw conclusions remains unquestioned. The facts exist, and must be co-ordinated.

Where there is little resistance to the expansion of the vessels and the flow of blood from density of tissue, there is no pain and no burning as in the erectile tissues, although the causal elements of heat from the abundance of blood present are in great activity. There are many cases where the impression of burning is conveyed without any sense of pain, but, as in the instance given before of electrical influence, I doubt not they will be susceptible of explanation. I reserve the consideration of these and some other points to another paper on a future occasion if I am spared to next year.

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## LYCOPIS VIRGINICUS IN ORGANIC HEART DISEASE.

BY SAMUEL BROWN, M.B., C.M. (Edin.)

THE three following cases are submitted for consideration, in order to bring under notice the powerful and rapidly curative action of the bugle-weed, or *lycopis virginicus*, in *organic heart disease*, and to demonstrate, by illustration, that it is not necessary it should be given in the large doses of a "low dilution or matrix-tincture," as recorded useful in Dr. Hale's "New Remedies." They, on the other hand, show that one, or half-drop doses of 2nd dec., or one-drop doses of 2nd or 12th cent. act *more* speedily (most notably in Case I.), and with eminently satisfactory results. In fact, having seen the effects of these small quantities, I own I would feel timid in prescribing ten or fifteen times more, for fear of producing dangerous aggravations. I have ordered *lycopis*, in varying potencies, in several cases of fatty heart, but in all with negative results. From its opposite curative action, even at the same dilution and in the same quantity, both in eccentric and concentric hypertrophy, and its



apparent inertness (in my hands, at all events) when the walls are fattily degenerated, I am prepared to support the theory that this medicine has a specific regulating action on the muscular fibres of the heart. I would draw special attention to the *rheumatic history* of my three patients,—this, and the presence of *rheumatoid pains* in different parts of the body, and short *cough* are among the chief indications which have biassed my selection of this drug in otherwise appropriate cases. Many times in phthisis pulmonalis it has befriended my patients by reducing cough, pains, and palpitation—here, however, I have only found it to act palliatively.

#### CASE I.

Miss A., æt. 21, has suffered from frequent attacks of palpitation and breathlessness (since she had rheumatic fever five years ago) brought on by over exertion, dyspepsia, or even slight emotional disturbances.

February 18th, 1878. This morning patient awoke early with pain in her left side, which so alarmed her that the usual cardiac symptoms were speedily reproduced, but in a greater degree than before experienced. The accustomed palliative or curative (?) measures were at once tried, but without effect. For some days previously she had had slight gastric derangement from the ingestion of some offending article of diet. When I was summoned she complained of pain between the sixth and seventh left ribs, and a lancinating pain at apex of sternum, extending up along its internal surface. She had cold hands, anxious expression and difficulty of breathing, even moving in bed causing great dyspnœa and increasing the palpitation. There was a slight short cough, as if from irritation of the larynx. On examination I found an enlarged area of cardiac dulness, the diastole extinguished by the exaggerated systole, and a well marked direct aortic murmur. Apex beat heavy and “thumping,” prominent pulsation of the carotids in the neck, and the *pulse* at the wrist, which gave 104 beats per minute,—*full, strong, and irregular*.

R. *Tinc. lycopis virg.* 2x m.j every two hours. The first dose was administered at 6 p.m., and I saw patient again at 10.30 that night. Without question or examination I was easily satisfied she was better,—the anxious expression of countenance was gone, and she freely raised herself in



bed as I entered the room. There was much diminished force of apex beat, no pulsation visible in neck, and the radial *pulse* reduced to *seventy-six* beats per minute, was *more regular and less tense*. She stated that after first dose great relief was experienced, and that she was able to get out of bed for a minute, without producing much discomfort. Continue.

February 19th. One more (the fourth) dose was given at 12 last night, and soon thereafter she fell into a good quiet sleep, from which she did not awake till early morning. The gas having been put out, she then, unfortunately, took fright, which brought on the palpitation slightly again, however another dose of medicine was immediately after given with the effect of at once calming the heart's action, and permitting sleep. No return of either pain to-day, or palpitation. *Pulse 88, natural in volume and rhythm*. Continue.

February 20th. *Pulse 78*. Allowed to get up at mid-day. Continue.

February 21st. Last night had return of intercostal stitch. During sleep she had rolled over on right side, and the pain awoke her,—it was at once relieved by turning on her back. I counted the *pulse* almost immediately after Miss A. went upstairs (one flight) to her room, *but found* it only 80 per minute, in *spite of the exertion*. Continue.

February 24th. All symptoms being much ameliorated, the dose was reduced to half a drop, to be repeated at the same interval, and a quiet short walk advised.

Next day the diminished dose was directed to be taken only night and morning. Going on well.

March 4th. Finding there had been no accession of any of the symptoms, and the pulse 78 per minute, and quite normal, the dose was further deleted to only once every morning for a week, after which all medicine was to be stopped.

Towards end of March there was a slight return of palpitation and pre-cardiac pain. The former at once yielded to *lycopis*, but to relieve the latter *cimicifuga rac.* 8x had to be given in alternation.

## CASE II.

Mrs. B., æt. 73, has for years, subsequent to rheumatic fever, suffered from short, hacking cough, and great breathlessness and palpitation, even on slight exertion.



Complains of occasional pains over region of heart, and rheumatoid pains in left leg and hip, subject to morning aggravation. The left ventricle of heart was found on examination to be much dilated, with incompetence of aortic-valves, which were themselves roughened by deposit. Pulse averaging 52 beats per minute was *small, weak, compressible* and *intermittent every two or three beats*. Impulse of apex inappreciable. For some months previously she had been treated by another practitioner with *juglans cin.* 1, and subsequently *digitalis purpurea* 6, but both with only temporary, if any, benefit.

June 3rd, 1878. R. *Tinc. lycopis virg.* 2x m.j thrice a day.

June 26th. Heart's action stronger and more regular. Apex beat can be felt by hand, murmur less plainly marked. *Pulse* 60 per minute, *not so compressible*, and *intermits only once in 20 beats*. Cough and pains better. Patient can go upstairs quicker now without holding on to banister, and comparatively little embarrassment to the heart or respiration. I cannot state when improvement began, but she states that it was "in a day or two after beginning the new medicine." She feels so much better of her old symptoms, and complains of such pain behind the breast-bone, in left great toe, and vague feeling of distress over the body generally after each dose, that she refuses to take any more medicine.

August 14th. I was again sent for, as there was a return to her former state, though none of the symptoms were so prominent or distressing as at beginning of June. This may be accounted for by her friends having prevailed upon her to take a dose of the *lycopis* once or twice a week during the interval. Remembering the former medicinal aggravation, I prescribed R. *Tinc. lycopis virg.* 12 m.j thrice a day.

August 29th. Much improvement; can go out regularly, and move about house with greater freedom and more comfort than she remembers ever having been able to do since palpitation first began. *Pulse* 60, of *better volume, more firm and intermitting only twice per minute (1 in 30)*. To continue, but only night and morning. No aggravation from the higher potency.

October 7th. Area of cardiac dulness considerably reduced. Aortic orifice hardly permitting any regurgitation. Apex beat distinctly to be felt, and stronger ex-



pulsion of contents of left ventricle. Very little breathlessness, except on unwonted exertion. Has no pains, and coughs very seldom. Such are my notes of the last time I saw the old lady; but I have heard from time to time that she is as well as when I saw her last.

### CASE III.

Mr. C., æt. 66, consulted me for increasing palpitation and breathlessness, with short choking cough on slight exertion, inability to walk as far as formerly, even slowly; nocturnal irritability of heart, causing him to toss about in bed to find a proper and easy position; early waking, with laboured action of heart, and a distressing tired feeling in his ankle joints (coming on about 6 a.m.), which lasts, after rising, till about noon. He expressed much anxiety as to his condition. Occasional drawing pains in thighs were also complained of. He gave a history of rheumatic fever and cardiac dropsy, during which illnesses he was ably treated by my friend, the late Professor Henderson, of Edinburgh. On examination the heart was found hypertrophied, a mitral regurgitant murmur to exist, and a very forcible apex beat. The carotids pulsated prominently, and the radial *pulse, strong, hard, and irregular*, gave 62 beats per minute, on an average.

September 15th, 1878. R. *Tinc. lycopis virg.* 2 m.j at bedtime, to be repeated every hour till sleep be induced, and one drop immediately on wakening in the morning.

September 19th. Had to repeat dose once last night before heart was quieted, and sleep procured. Not so much laboured action of heart or pain in ankles on wakening this morning. *Pulse 68, but of same character.* Continue.

September 24th. For the last three nights only one dose of medicine was required to produce its effect, patient falling asleep shortly after going to bed. Cough, breathing, and palpitation on walking much better. *Pulse 68, and more regular.* Aching in ankles reduced in intensity and duration. No pain in thighs. Continue.

September 29th. Area of cardiac dulness about same, if any difference, rather less. Impulse of apex less forcible. *Pulse still 68, but now quite regular, and of a more normal character.* Mitral murmur not so distinct. Patient's anxiety much relieved, in fact he is much better in every



respect, save pain in ankles, which still persists, though this symptom also seems to be lessening daily.

Mr. C. left for Scotland next day. I gave him some *Tinc. lycopis* 12 to be taken steadily for some time, one drop at bedtime. Quite recently he wrote, "I am bound to say my health is immensely improved. I can walk further and faster than formerly without appreciable damage, but what gratifies me most is that I do not uneasily toss in bed in search of easy positions."

25, Grosvenor Street, Chester,  
October 8th, 1879.

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## REPORT OF CASES, WITH REMARKS. NETTLERASH AND DIPHTHERIA.

By ED. M. MADDEN, M.B., of Birmingham.

THREE cases which have recently been under my care seem to me to be worth recording and making a few remarks upon. All the three cases were in members of the same family.

Case I.—W. J., æt. 9, was taken ill on 26th October, 1879, with rather severe acute nettlerash. I saw him on the 27th and gave him *apis* 1 c. in frequent doses, and directed his mother to bathe him with very hot water when the irritation was excessive. Under this treatment he was quite free from the nettlerash in three days, but remained very low and out of sorts for more than a week further, during which time he took *sulph.* 3 c.

Case II.—A. J., æt. 3, was observed on or about November 5th to have a swollen gland on the right side of the neck, and to be very peevish and cross, and to have lost his appetite.

The case appeared to be simply mumps, so I treated him with *merc. sol.* 2 x. and flannel covering to the neck.

Under this treatment he progressed favourably, till on the 12th he was attacked with acute nettlerash which lasted nearly a week, though it was intermittent during the last three days.

When the rash appeared I gave him *hydrastis*  $\phi$  in half-drop doses, and continued it throughout. My reason for choosing *hydrast.* in preference to *apis* in this case was the previous existence of glandular inflammation, and the



presence of considerable gastric derangement, but it will be observed that the rash lasted longer than in Case I., treated by *apis*.

Case III.—H. J., æt. 8. This lad slept in the same bed with W. J., who was first taken, and on my first visit on October 27th I noticed that he had a sty on his right upper eyelid, but as it was not bad I gave him no medicine for it. On the 29th, however, instead of having discharged and healed up as I had expected it to do, it had discharged and left an angry looking sore with thickened white edges, and the whole upper eyelid was œdematous, so that he could not open the eye; he also had headache, a foul tongue, general *malaise*, and slight fever.

I now gave him *apis*, and wondered to myself whether he had caught the nettlerash, and instead of coming out in the usual way that it was inflaming the eyelid in this manner. The next day he was worse, the skin all along the tarsal border of the upper lid having the dead white look which had originally appeared on the seat of the sty; both lids were highly œdematous, and so also was the upper lid of the left eye; besides, there were several pustules on the right cheek and forehead.

The next day he was worse again, the swelling increased, the patch of whitened skin had extended and threatened to slough, and the pustules had become impetiginous. His progress was steadily worse and worse each day, and when he had been ill a week I became convinced that I had to deal with one of those rare cases of surface diphtheria, and that the white sloughy-looking skin which now occupied both eyelids on the right side and the left upper lid, and had also invaded the seat of the pustules of cheek and forehead, were in reality diphtheritic membranes; and my diagnosis was confirmed when two days afterwards the throat was invaded with the all too-familiar patches on the tonsils, back of pharynx, and soft palate, and his nose was filled with very offensive and excoriating discharge.

In this condition, with slight variations, he continued for another week till November 13th, when I found that his throat was perfectly clear, but that he was in very great pain in the stomach, and had vomited all his food for some hours, though he was constantly asking for drink in spite of the intense pain it caused after he had swallowed it; at the same time he had profuse watery diarrhœa. This continued till the evening, when he died of sheer



exhaustion, the diphtheritic inflammation having presumably attacked his stomach and bowels, though, not having made a post mortem, I cannot speak positively.

I regret that I did not keep daily notes of this case, so cannot give the treatment in detail, but during the first week he had *apis* 1 c., *hepar sulph.* 3 x., *ars.* 3x., and *canth.* 1 x. After I had recognised its true character he had *merc. cyan.* 3 x., *merc. protiod* 1 x., *lach.* 6, *liq. calcis. chlorinata* (of Neidhard), and again *ars.* 3 x. and *hepar.* While for local treatment he had first water dressings to the eye, then Condyl's fluid and water, and finally sulphurous acid; and when the throat became affected he had sulphurous acid spray, flower of sulphur applied on a brush, and the room was several times a day filled with the fumes of sulphur. The medicines were chiefly given singly, but at times two were given in alternation, and I can truly say that I saw no evidence of any good effect being produced by any of them throughout the whole course of his illness.

During the last week of his illness he, too, was attacked several times with transient nettlerash.

The first remark I wish to make is concerning the concurrent appearance of the nettlerash in the three cases. It is not, so far as we can tell, infectious, and I could not discover any dietetic cause for its appearance, and am strongly inclined to believe it to have been produced by sewage poisoning, to which they were certainly exposed in an open ash-pit and closet used by all the family. And this will account for the violence of the general disturbance of the health in Case I, the glandular enlargements in Case II, and the diphtheria in Case III.

This is, I believe, a hitherto rarely suspected cause of nettlerash, and it would be interesting if others could confirm it by other cases.

My further remarks will be concerning the homœopathic treatment of diphtheria.

I see no evidence that we have yet found a specific for it in its more serious forms. We see a good deal of it in Birmingham, and I believe I am relating the experience of my colleagues here as well as myself when I say that in its severe forms we rely more upon local disinfection (in some such way as I adopted in the above case), and the most strengthening diet, generally with some alcohol, than upon the specific action of drugs.



Slight cases will get well under any treatment or simple nursing, and when anyone reports his five hundred or thousands of cases cured with no mortality, I am incredulous enough to believe that not more than one or two per cent. were diphtheric at all, the rest being probably ulcerated tonsils or quinseys.

In my own experience, the very common complaint called "spotted throat," or, more properly, "Follicular Tonsillitis," yields very speedily to *merc. protiod* 1x. and local warmth. While the milder forms of diphtheria, in which the membranous deposit is confined entirely to the tonsils, or is only slightly, if at all, seen on the pharynx or soft palate, yields equally well to *merc. cyan.* 3x., and simple disinfecting gargles.

But in the worst forms of this disease, where there is thick membrane on the pharynx or soft palate, or where the larynx is involved, I have not seen any decided curative effects from these or any other remedies which are reported to have "cured" such and such a number of cases of diphtheria in other hands, but I undoubtedly have seen the most marked benefit from the local use of sulphur either in its pure form or as sulphurous acid.

Before closing this paper, perhaps I may be allowed to refer to the connection between sewage poisoning and diphtheria, and other so-called "specific" diseases.

In the first place, I must apologise to Dr. Edward Blake for having unintentionally misrepresented his views on this question in my letter to this *Review* in August.

It has hitherto been held that the specific diseases are only capable of giving rise to themselves, or, in Dr. Blake's words, "breed true," and are propagated by germs.

That they do so breed in the majority of cases no one can doubt, but there is a growing opinion that they are in many cases interchangeable, and it is well known that puerperal fever results from exposure to the infection of typhoid, scarlet fever, diphtheria, and erysipelas. Besides, how often do we find complex cases combining the characteristics of two or more of the specific fevers, such as measles and scarlet fever, scarlet fever and diphtheria, erysipelas and typhoid, &c., all which, and other considerations, point to the conclusion that they depend on one common poison which may be modified in various ways, and that the micrococci, bacteria, &c., accompanying these diseases are not the causes of them but their parasites.



Moreover, it is not uncommon for these diseases to appear sporadically, without the possibility of tracing infection from any previous case—and in any case there must have been a first case at some period of the world's history—and in these cases it invariably happens that the patient has been exposed to sewage infection, or to that of other decomposing animal matter; hence I believe that sewage infection may at times give rise, *de novo*, to the so-called specific diseases, and I also believe that, other things being equal, when these diseases are caught by direct infection, they are always more or less severe in proportion to the sanitary arrangements of the house of the patient being more or less defective; and in this latter proposition I am glad to think that I shall have Dr. E. Blake's entire concurrence.

Anyone wishing to examine the question of the unity of poison in specific fevers should read the capital letters by Dr. De Gorrequer Griffith, which have appeared at intervals in the *Medical Press and Circular* for the current year, in which he strongly maintains the theory of their common origin, and supports it by many examples.

Since the above was written, the subject of Case II. has had an attack of measles, which has left a legacy of some more swollen glands in the neck, while a fourth child, a girl of 5, has had a severe attack of nettlerash, which lasted a week—this time without any treatment. Their only other child, a girl of 6, had two separate attacks of nettlerash during the summer, at which time none of the others were ill in any way.

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## PROVING OF *LACHNANTHES TINCTORIA*.

By C. KNOX SHAW, L.R.C.P. Lond., St. Leonards.

Owing to the prominence given to *Lachnanthes* as a therapeutic agent by Dr. Nankivell's paper read before the Congress at Malvern last August, it was suggested to me that a re-proving of the drug would be useful. The provings, as given in Allen's *Encyclopædia* (collected from Hale's New Remedies) are very meagre, and are recorded as having been obtained by a few doses of the higher dilutions; only once did one of the provers take a dose, and that of one drop, of the mother tincture. Before undertaking to prove *Lachnanthes*, I had already been noting carefully for six



weeks any symptoms that occurred whilst supposed to be in good health.

The observation of symptoms in health began during the first week in August.

Aug. 9. Sharp stabbing pain, in the right knee joint on movement, during the morning; this lasted about four hours.

Aug. 10. Awoke with a frontal headache, which went off in an hour.

Aug. 11. Sore throat, with painful right tonsil and pain in right ear; tonsils red and swollen. Some naso-pharyngeal catarrh. These symptoms abated as the day went on.

Aug. 16. Frontal headache in the evening.

Aug. 26. Smarting pain over second left costal cartilage, worse on taking a deep inspiration; lasted about five hours.

#### FIRST PROVING.

Sept. 12. Even., temp.  $97^{\circ}$ ; pulse, 76.

Sept. 13. Morn., temp.  $97.8^{\circ}$ ; pulse 68. Urine clear, straw-coloured, no phosphates, no albumen. Sp. gr., 1022. Even., temp.  $98^{\circ}$ ; pulse 80.

Sept. 14. Morn., temp.  $98^{\circ}$ ; pulse 76. Even., temp.  $98^{\circ}$ ; pulse 68.

Sept. 15. Morn., temp.  $97.8^{\circ}$ ; pulse 76. 9.30 p.m. Two and a half hours after food, took 10 drops of *lachnanthes*  $\phi$  in half a wine glass of water. This sample was obtained through a local chemist, Mr. Snowdon, from Headland & Co.'s. Even., temp.  $98.2^{\circ}$ ; pulse 78.

Sept. 16. Morn., temp.  $97.6^{\circ}$ ; pulse 76. 7.45 a.m., 15 drops; 12.30 a.m., 15 drops; 6.45 p.m., 20 drops; 10.45 p.m., 30 drops. Even., temp.  $97.6^{\circ}$ ; pulse 76.

Sept. 17. Morn., temp.  $97.6^{\circ}$ ; pulse 76. 7.45 a.m., 40 drops; 11 p.m., 70 drops. Even., temp.  $98^{\circ}$ ; pulse 72.

Sept. 18. Morn., temp.  $97.6^{\circ}$ ; pulse 68. Began a fresh sample, obtained as above from Mr. Turner's. 8 a.m., 100 drops; 12 a.m., 100 drops. Slight increase during the day of a chronic naso-pharyngeal catarrh, to which I am subject. Better towards evening. 6.30 p.m., 200 drops; 11 p.m., 250 drops. Even., temp.  $98^{\circ}$ ; pulse 84.

Sept. 19. Morn., temp.  $97.6^{\circ}$ ; pulse 80. Face and conjunctiva slightly jaundiced, a circumstance not at all uncommon with me. 12 a.m., 225 drops.

Sept. 20. Morn., temp.  $98^{\circ}$ ; pulse 76. Jaundice passing off. Even., temp.  $97.6^{\circ}$ ; pulse 72.



Sept. 21. Temp. 97.6°. Jaundice quite left.

Sept. 22. In the morning, dull aching pain at left occipital region, almost constant and lasting all day. Pain greatly increased upon exertion, and considerably relieved by pressure. I cannot remember to have had such a pain before.

Sept. 24. The pain lasted all day.

Sept. 25. Still the same dull aching pain.

Sept. 26. The same pain, but less severe, and not so constant.

Sept. 27. Pain lessened considerably.

Sept. 28. No pain.

No further symptoms developed themselves. This terminated the first proving, during which a little over two ounces of the tincture were taken.

#### SECOND PROVING.

Having enjoyed good health in the interval, I began again, on October 15th, to take *lachnanthes*, having obtained a fresh supply from Mr. Turner.

Oct. 15. 10 p.m., temp. 98°; pulse 80. *Lachnanthes* φ 480 drops.

Oct. 16. 8 a.m., temp. 97.8°; pulse 72.

Oct. 17. 10 p.m., 720 drops.

Oct. 18. 10.30 a.m., 60 drops; 11 a.m., 60 drops; 12.15 a.m., 60 drops; 3.45 p.m., 60 drops; 6.45 p.m., 60 drops; 8.45 p.m., 60 drops; 10 p.m., 60 drops; 11.30 p.m., 60 drops.

Oct. 19. 8.30 a.m., 60 drops; 9.30 a.m., 60 drops; 1.30 p.m., 60 drops; 2.30 p.m., 60 drops; 3.30 p.m., 60 drops; 5.45 p.m., 60 drops; 6.45 p.m., 60 drops; 8 p.m., 60 drops; 9 p.m., 60 drops; 10 p.m., 60 drops.

Oct. 20. 10.30 a.m., 90 drops.

Oct. 21. In the morning, about 12 a.m., sharp stabbing pain in left occipital region, lasting a few seconds.

Oct. 22. At the same time the same symptoms. No further symptoms developed themselves.

During the second proving five ounces of the tincture were taken.

There were thus three symptoms recorded during the first proving, and one during the second. Two of those in the first proving cannot be said certainly to be due to the drug; viz., the slight increase of a chronic nasopharyngeal catarrh, and the scarcely noticeable jaundice.



The third symptom, the left occipital pain, occurred markedly in the first and again slightly in the second proving.

Comparing these symptoms with those recorded in Allen, we find that jaundice of the face was observed in the proving by Miss B., who took one dose of two pellets of the 6th dilution.

In my own case, none of the other symptoms stated to have been produced by the drug occurred.

The proving of this drug was more particularly undertaken to see whether there was any ground for the assumption that its reported effect in phthisis could in any way be ascribed to the law of similars.

In my own two provings it certainly had no effect upon the organs of respiration; nor does a perusal of other recorded symptoms help us much more.

Nov. 6, 1879.

[We have much pleasure in publishing the above, as negative results in careful provings are quite as important in their way as positive results in the hands of others.—  
Eds. *M.H.R.*]

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### DISPENSARY EXPERIENCES.—PAPER No. III.

BY ROBERT T. COOPER, M.D. (Dubl.),

Physician for Diseases of the Ear, London Homœopathic Hospital.

I AM one of those who, as more than once remarked, believe that every case of disease, the cure of which can be referred with a great measure of certainty to the action of one remedial agent, ought to be reported; if exception is to be made, it would be of diseases, the records of which give the symptoms after too meagre a fashion to throw light upon the action of the remedy, and where we have already a number of cases sufficient to prove the effect sought to be established. Every practical physician who, however, seeks an intimate and exact acquaintance with drug-action must be alive to the fact, without explanations from me, that there are but few instances where the effects drugs produce can be said to be sufficiently illustrated from clinical experience, and surely if good is to be gained, we ought all to be ashamed to excuse ourselves from publishing upon the plea of insufficiently reporting our cases.



The medicine of the future is the medicine of Hahnemann, and his method of reporting and singling out each case as a study is in itself calculated to throw a flood of light upon the whole domain of medicine. This is the spirit in which I have put forward other cases, and now adduce this of *alopecia areata* (*A. circumscripta*, *tinea decalvans*).

Arthur Beales, aged 29, by occupation a general dealer, has had patches of baldness on his head, which are increasing for the last six months. He has one large patch about the size of a crown upon the right side of the occiput, where the scalp is completely bared, and a patch is coming on the left side of the chin. There is no syphilitic history.

His brother had the same affection, and could never get cured, which makes him very low-spirited about it. This affection is not attended with any symptoms whatever, and his general health is quite good.

Prescribed (11th April, 1877), *phosphorus*  $\phi$  (the old *ether* solution) gtt. iij *aq.*, 3 ij. *misce.* Five drops in water three times a day.

It is not necessary to give each week's report, which would only go to show that he gradually improved, and ultimately got quite well. After taking the *phosphorus* for one week, he expressed himself as being no better, but on pressing, admitted to "feeling a peculiar creeping sensation round about the skin of the place."

An inexperienced practitioner might easily be put off his guard under such circumstances.

On the 10th May, 1877, he sent me this letter by a messenger:—

"Dear sir,—The bald place on my head is nearly covered with a fine downy hair, white in colour. I think it is progressing favourably,—Yours truly, A. B."

He did not again turn up, but kept sending for his *phosphorus* till the 20th June, 1877; the verbal report forwarded being on each occasion extremely satisfactory.

It is to the wielder of a pen as honourable as it is powerful, and as useful as it is reputable, that I owe the hint upon which, in this case, I acted.

In a paper published by Dr. Dudgeon in the *British Journal of Homœopathy* some years back, he gives us the indication for *phosphorus*, round patches on the scalp, com-



pletely deprived of hair; at least this is my impression. The paper is not to hand.

Lippe in his *Materia Medica* gives us:—

“Falling off of the hair in large bundles on the fore part of the head, and on the sides above the ears.” The Chronic Diseases in the proving of phosphorus supply us with these.

“Great falling off of the hair.” “Falling off of the hair; the roots of the hair seem to be dry.”

“A place over the ear becomes bald;” this last being evidently a true example of this form of baldness.

In some cases phosphorus does not begin to manifest its good effects in such a short time as it did in the above case; the application of *tincture of iodine* to the bald places, as advised by Sir William Jenner, seemed to expedite the cure in a case under my care that occurred in a young lady.

The affection is thus remarked upon in Hillier's *Hand-book of Skin Diseases*,\* a work that, notwithstanding its being out of date, is the most useful small one on skin diseases I have ever met with for general practitioners:—

“The peculiarity of the disease is that it causes perfectly smooth bald patches, with a more or less circular outline; there is no scaling of the skin, or but very little; no change of colour, unless the skin be a little paler than the rest of the scalp. The patches may be not more than a few lines in diameter, or they may be several inches. In some cases the disease will spread rapidly over the whole scalp, or even the entire surface of the body and limbs, leaving the patient absolutely destitute of hairs. If the head be examined at the margins of the bald patch, when the disease is progressing, it will be found that the bulbs of the hairs are reduced in size, some being of the same size of the shaft, and some reduced to a mere point. From this cause they come out by the roots on the least traction.” (This description is in perfect accord with Hahnemann's prover:—“Falling off of the hairs; the roots of the hairs seem to be dry.”)

In some instances *alopecia* has manifested contagious properties, and Hillier gives an account of its outbreak in a school, and affecting a number of the children.

Speaking of its curability, he says “it is always a chronic complaint, but one in which a cure may be pro-

\* London: Walton and Maberly. 1865.



mised, though not a rapid one. The earlier the case comes under treatment, the more speedy will be the cure. Baldness, however, is seldom permanent, though it may last for years."

A positive specific for a well-defined affection, such as phosphorus is for *alopecia areata*, well deserves our closest attention.

#### A VERY LARGE AURAL POLYPUS.

I have never met with a case that illustrates more forcibly the little interest medical practitioners take in ear cases than the following. It is really inconceivable that any educated physician could be deceived about a case of the kind.

A lad of 17 (George S.), a leather worker, came to the London Homœopathic Hospital the 19th July, 1879, stating that he had had "something gathering in his left ear" since he was six months old.

When an infant of four months old he had had a fall on the left side of his head, and two months after something was found to be amiss with his ear; beyond this he can supply no information.

He was treated for an entire year at a public dispensary in Holborn without having ever once had his ear examined; this he ceased attending some eighteen months since, as he derived no benefit whatever from their treatment. On looking at his ear I found a polypus protruding about the size of a large cherry, and spreading itself over the auricle. The ear of this side is quite deaf, for a watch placed in contact with it. This polypus I easily removed by grasping it with the forceps figured in my *Diseases of the Ear*, p. 150, and exercising torsion until it came away. The resulting hæmorrhage was rather profuse, but was soon stayed by the application of cotton wool, dusted with powdered *tannin*. The patient was directed to attend at my own house in two days to have it dressed.

It is absolutely necessary to be careful not to leave a large amount of coagulated blood in the meatus for long together, as decomposition soon sets in, rendering the danger of purulent infection of the system very great.

When he came I carefully cleansed the meatus, and removed the plug that the cotton wool had formed, and directed the patient to use a little Condyl's Fluid and tepid water as a lotion.



Nothing could be more satisfactory than the result of the operation. So far his hearing was quite restored; but, as the patient came but once after this, his subsequent history is lost to us.

There was a case in an elderly patient similar to the above reported by Dr. Burford Norman, of Southsea, in the *British Medical Journal* for January, 1877, where still greater neglect had been shown, and the polypus allowed to grow until it had covered the greater part of the auricle.

### PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

[Dr. C. Hering is now publishing, in the *North American Journal of Homœopathy*, the provings of *hydrophobinum* (or, as he calls it, *lyssinum*), the virus of hydrophobia. The nosodes, or potentized [products of disease, have proved curative in the most terrible diseases, and deserve careful study. I have a large number of cases collected, and in order to make Dr. Hering's forthcoming monographs as complete as possible, I give below all I have had time to collect of the effects of *glanderinum* or the virus of glanders, a remedy which I and others have used with great benefit.]

### GLANDERINUM.

(1) *London Medical Gazette*. New Series, 1837-8,  
vol. i., p. 549.

By Mr. J. G. DA C. DENHAM.

J. W., æt. 21, was admitted into Guy's hospital on November 27th with acute synovitis. He says that, about a week prior to admission, his left knee became jarred between two barrels. For the first four days he had but little inconvenience; but early in the morning of the 5th day he awoke with excruciating pain in the knee. He was relieved by medicine and cupping; but the following day and night he had a great deal of pain, and the next morning was brought to the hospital.

Nov. 27th. Knee is swollen, hot, and painful; countenance anxious; breathing hurried; tongue furred; pulse 96; skin hot and dry; costive. Apply leeches, and take *calomel*, and *compound colocynth*, and *magnes. sulph.*

Nov. 28th. Bowels have been freely opened; knee still very painful; did not sleep during the night; tongue still



furred; pulse 98; skin hot and dry. Apply leeches, and take *James' powders* and *calomel*.

Nov. 29th. Much the same as yesterday. Continue treatment.

Nov. 30th. Slept better last night; knee not quite so painful; thirsty; urine high coloured; tongue still furred. Ordered *effervescing draught*, *menth. pip.*, and *opium*.

Dec. 1st. Better; knee still swollen; slept very well; skin less hot; pulse 96; tongue cleaner. Repeat *effervescing draught*.

Dec. 2nd. Knee very painful; had an attack of rigors last night; tongue furred; skin hot; pulse 106; complains of sensation of chilliness over body. Repeat medicine, omitting the *opium*.

Dec. 3rd. Had a very restless night, and was constantly talking during sleep about horses. Slight discharge to-day from right eye, and several faint spots over face and body. The general swelling of knee has greatly subsided; on the inner side a small abscess has formed, which has been opened, and a poultice applied.

Dec. 4th. The spots are much more visible to-day; knee still continues discharging; skin hot; right upper eyelid rather more swollen than yesterday. The eruption consists of several small red indurated points, one or two being vesicular at their summits, which caused suspicions of its being modified *variola*.

Dec. 5th. Right eye very much swollen and painful; increased discharge from it; also a sero-purulent discharge from nose. Pulse 120, bowels open, head painful, at times delirious. The eruption has a good deal of the appearance of *variola*; many are decided pustules, with an inflamed base. Skin hot and dry, knee improving, but still discharges pus. Repeat *James' powder*, *calomel*, and *effervescing draught*.

Dec. 6th. Right eye completely closed, lid much swollen; the right side of forehead has a crimson appearance. The discharge from this eye is becoming purulent; the left eye is also becoming affected; several fresh spots about arms and legs, skin hot, head painful, delirious during the night, bowels freely open, pulse 120, having a good deal of power; breathing hurried. Repeat medicines.

Dec. 7th. Has several fresh spots; those which first appeared are losing their variolous character, though there are several which still resemble that disease. This morning



there are on the legs several purple spots, about the size of a fourpenny piece, the base of which can be felt indurated. Both eyes are now closed; there is great swelling over the forehead, with tension, heat, and pain; excessive discharge from both eyes and from nose, and the right cheek is also slightly swollen; the discharge seems to be sero-purulent. Pulse 120, full; skin hot; tongue covered with a brown fur; passes stool and urine involuntarily; stools are dark and offensive. Repeat *effervescing mixture*. The face, eyelids, and forehead to be scarified, and then poulticed.

Dec. 8th, 10 a.m. Discharge from eyes and nose has increased considerably; tongue very much swollen, and covered with a black fur. Shortly after yesterday's report, about half a cupfull of dark blood came away from his mouth. The indurations already observed beneath the purple spots have increased in size. Delirious last night; pulse 140, feeble; breathing hurried; the integuments about the knee have begun to slough. Ordered *port wine*, *ammonia*, *James' powder*, and *calomel*.

5 p.m. Much the same as this morning; pulse, if anything, rather quicker; the indurated swellings have increased since the morning, and are now covered by an inflammatory blush. Many of the hard swellings had by this time softened down. Breathing very laborious. He gradually became worse, and died at 12.15 a.m.

His history showed that he had been attending a horse with farcy, which was now recovering. When seen, the horse had a muco-purulent discharge from the nose, and two or three swellings on the legs, from one of which there was a slight discharge.

(2) *London Medical Gazette*. New Series, 1839-40, vol. ii., pp. 105, 183.

Brush's cases quoted. See fuller report, with additional cases, below.

(3) *London Medical Gazette*. New Series, 1839-40, vol. ii., p. 160.

Reference made to a case of glanders in *Lancet*, 1831-2, vol. i., p. 698, and to Travers on *Constitutional Irritation*, pp. 398 and 408.

(4) *London Medical Gazette*. New series, 1839-40, vol. ii., p. 511.

By Dr. CHARLES BARHAM.

April 3rd. Saw J. P., aged 22, in the following state: Face bloated and swollen, with a dusky-red blush on the



right side. Right eyelids, especially the upper, very much swollen, infiltrated with serum, and rather livid. Punctures had been made in the upper and outer portion of this swelling, and in these points small ulcers, discharging a sanious pus, were formed. The eye was, in consequence, entirely closed, and a thick muco-purulent discharge exuded from within the lids. On the left side the swelling was less. A gluey semi-transparent secretion presented itself at the left nostril, but did not escape in any considerable quantity. The voice was thick and hoarse, and the throat sore, so that swallowing was painful. Bright erythematous patches appeared, with diffused swelling, in several spots, the largest being above the right knee, (which had been very painful, and was still painful on pressure), and on each instep. No portion of these patches was hardened or circumscribed; their surface was rather glossy, and the redness was readily dispelled by the touch, to re-appear as quickly on its removal. The patient was capable, on being aroused, of answering questions collectedly, but speedily relapsed into a state of sopor, with muttering delirium. In this state he generally lay, and his sensibility to pain was no doubt much blunted, and the particulars of his suffering not very clearly to be ascertained. Paroxysms of excitement now and then occurred, during which he tried to leave his bed. Breathing was oppressed and hurried, with mucous rhonchus at times. Abdomen very tympanitic, bowels rather confined. *Turpentine* was given, and copious dark, offensive stools, with frequent urination, took place. The tympanitis subsided in great measure, and he subsequently took a mixture containing *kreasote*. His state, however, gradually became worse. The delirium was, in the course of the night, more violent, so that he was kept in bed with difficulty; and, on the following morning (April 4th), the swelling had extended to the left eyelids, and on right side it was dark, livid, in parts nearly black. The discharge from the left nostril was slightly tinged with blood. The delirium was much the same in character and degree as yesterday. In his mutterings he made frequent reference to horses. In the course of the day the coma became more complete, and he died in the evening, about thirty hours after my first visit, without any further change of symptoms. It appeared that he had been affected for about a fortnight with pain in the loins, lassitude, chills, and other feverish symptoms,



which were referred to a mild form of influenza then prevalent. I found that he had been attending to a glandered horse, and wiping away the nasal discharge. On one occasion the horse snorted out a quantity of this discharge into his face. I examined the horse, which was said to be improving in health, and found it had still a discharge from one nostril, and some small tumours inside the lower jaw. The patient had complained since Christmas of lassitude and pain in the back and limbs, which he attributed to exposure to cold and wet. His voice had been also rather husky, and there had been some discharge from the nose, giving him what he called "the snuffles."

(5) *London Medical Gazette*. New Series, 1841-2,  
vol. i., p. 368.

A patient was recently admitted to the Hospital Necker, suffering from glanders. (M. Rocher paid much attention to the case, and conducted the autopsy). Next night he had shivering, and pain in various parts of the body. By the fifth day tumours were formed in thigh and shoulder, the former of which suppurated. In three days more another and similar tumour formed in the right foot. By the fourteenth day the lining membrane of the nostrils had become inflamed, with purulent discharge, and pustules formed on the head. He died on the sixteenth day.

(6) *London Medical Gazette*. New Series, 1841-2,  
vol. i., p. 697.

By Dr. C. J. B. WILLIAMS.

Elizabeth W., aged 17, admitted December 7th. Menses have ceased for three months, and she admits the possibility of pregnancy. Her present illness began on November 23, with pain in the back of head and neck. This lasted a week, during which time she felt more thirsty and hotter than usual; no constipation. A week ago she first felt a pain in right side, which came on suddenly in the night, and has continued up to the present time; the pain was increased by deep inspiration; to this was added, in a few days, pain in dorsal region; has lost her appetite; no stool for a week; yesterday had a blister on right side without benefit. On admission there was slight heat of skin; she complains especially of pain in right hypochondrium, also in lumbar region, and between the shoulders, increased by pressure. Tongue thickly furred all over, except along the edges; the fur is whitish, and marked



with furrows; bowels still constipated; pulse 90, of moderate strength; there is dulness low down in the right back of chest on strong percussion, though on gentle percussion the proper sound of the lung is heard; the breath-sound there is superficial and sharp. The cause of this deep-seated dulness not superseding the superficial pulmonary breath-sound, or stroke-sound of slight percussion, was caused by the large size of the liver. The tympanitic sound of the stomach rose high on the left side of the chest which seemed to show that the diaphragm was high arched, but there was no doubt but that the liver was larger than natural, as the dulness reached also below the margin of the right ribs. Eight leeches were applied to right hypochondrium, and *calomel* and *senna* given.

Dec. 8th. Pain is relieved by the leeches, and there is less tenderness on pressure. Abdomen distended and tympanitic. No stool. Tongue cleaner, but still very dry. Pulse 88. Ordered *calomel*, *croton oil*, *hyoscyamus*, and *pulv. amyli*.

Dec. 9th. Two p.m. No stool yet; has nausea, and some vomiting; no pain, and little tenderness; dulness in right side somewhat diminished. Repeat medicine.

Dec. 10th. Bowels opened yesterday afternoon. Had severe pain in abdomen during the night, which continues up to the present time. At present the face is expressive of pain; abdomen generally tender on pressure; tongue brown, dry, and furrowed across the centre, furred on the sides; pulse 120, jerking and sharp; skin rather hot. To be bled to 12 oz.; 10 leeches to abdomen; *calomel* and *opium*.

Dec. 11th. Full evacuation produced, stools dark and lumpy. The blood drawn was slightly buffed and cupped. Abdomen still very tender, especially on right side. Pulse 130, sharp; skin hotter than the day before; tongue drier, more fissured, but less furred. To be bled to 12 oz.; to take *blue pill*, *conium*, *castor oil*, *prussic acid*, *sesquicarb. of soda*, and *sodæ tart*.

Dec. 13th. The blood drawn on 11th slightly buffed, but less so than the first. Last night had extreme pain between shoulders, and it extended on both sides to the epigastrium, where it remained very severe. Several stools since yesterday. Great tenderness on the slightest pressure along the spine, but especially between the shoulders; superficial tenderness of the abdomen, less on firm pressure.



Dec. 14th. Pains in back as before. Sensation of heaviness in forehead ; urine of pale straw colour ; specific gravity 1009, slightly acid. Six leeches to be applied to back, and *aconite* added to the mixture.

Dec. 15th. Pains in back relieved by the leeches ; feels better this morning. Has phlegm in throat which she cannot expectorate.

Dec. 16th. Left eye-lid a little red and swollen. Omit *mercury* and *conium*.

Dec. 17th. Early this morning, whilst at stool, a substance was passed *per vaginam*, accompanied and followed by a considerable discharge of blood, and with pain in lower part of body. This substance resembled the membranes of a foetus at about the third month ; it seemed quite fresh ; the blood was florid, and had no foetor. She seems very feeble, much exhausted, and at present (10 am.) the face is pale, except over the left eye, which is considerably swollen, very red, and exceedingly tender ; a little redness is appearing on left hand ; tongue white and furred ; pulse 130, very feeble. Omit *aconite*.

Dec. 18th. Face less inflamed on left side, but the inflammation has appeared similarly round the right eye. Both hands considerably swollen, and there are some round, slightly elevated, circumscribed spots of redness on the legs, having a similar appearance, and extremely tender. Hands and legs extremely tender, and rather œdematous in all parts. No stool for three days. Ordered *blue pill*, *antimony*, *castor oil*, and *colchicum*.

Dec. 19th. Much worse. When sitting up in bed she had suddenly sunk down as though in a fit, but without losing consciousness, so that her speech was stammering and unintelligible ; subsequently she regained distinctness of articulation, and again lost it two or three times during the day. She became exceedingly depressed during the day, so as to seem almost dying. Tongue brown and quite dry, and sordes began to appear on teeth and lips. The inflammation round eyes was more extended, very red, and presented no distinct line of circumscription ; a few phlyzaeous pustules had formed on the forehead, above the nose. The hands were also more inflamed, considerably swollen, and very tender, but without the redness of the face. No stool. Ordered *turpentine* enema, and *calomel*, and *morphia*, wine, and beef tea.



Dec. 20th. Seems considerably better. This morning, about 9 a.m., a small foetus came away, quite fresh and perfect, without any membranes. The enema yesterday brought away a large quantity of very foetid evacuations. Urine generally not passed unconsciously; it is slightly acid, and has a strong smell, but without any distinct sediment. The inflammation of the face has not extended; it seems rather tense, and more distinctly circumscribed, and is less red. Numerous blebs have formed on the forehead, containing a sero-purulent fluid; some containing distinct pus. A few pustules were also formed on the neck and chest; some large, with slight redness around. Above the nose a patch of skin, of the size of half-a-crown, has a white appearance, and a tense doughy feel, as if there were fluid underneath. The inflammation in the other parts appears as last reported; there is great tenderness of the whole surface. The patient says she is better; she appears less depressed; voice distinct, but rather husky; pulse firmer, 130; some heat of skin; tongue dry and brown; has vomited twice. Ordered 4 oz. of *wine per diem*. An incision was made along the most tense part of the swelling in the forehead.

Dec. 21st. No pus was discharged from the incision, but a considerable quantity of serum mixed with blood. There appears little change in the symptoms since yesterday. She says she feels comfortable, and considers herself better. Pulse 144, tremulous, indistinct from frequency. A few fresh pustules on forehead. Omit *saline draught*, and give *ammon. sesquicarb.*, *cinchona*, and *sp. æther nitr.*

(To be continued.)

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## REVIEWS.

*The Homœopathic Physician's Visiting List and Pocket Repertory.*

By ROBERT FAULKNER, M.D. Second Edition. Boericke and Tafel: New York and Philadelphia.

*Silverlock's Medical Practitioner's Visiting List and Diary, 1880.*

THE first of these "Lists" is, without exception, the most complete, and to the homœopathic physician the most useful, with which we are acquainted. It contains an "Obstetric Calendar," an abstract of the antidotes to the most commonly used poisons, a description of Marshall Hall's *Ready Method* in asphyxia, a very ample Repertory, pages set apart for noting "Memoranda,"



a "Vaccination Record," a "Record of Deaths," columns for the names and addresses of "Nurses," of "Friends and Others," an "Obstetric Record," and pages arranged for noting names and visits paid to patients, and on the opposite side spaces corresponding to those containing the mark for a visit, for inserting the name of the medicine prescribed. Having used one of these "Lists," we can testify to its great value.

We have also received, through Messrs. Armbrecht, Nelson & Co., of Duke Street, Grosvenor Square, Silverlock's well-known and very convenient visiting list. Besides the ordinary arrangement for noting visits to patients, it contains spaces for a diary, a calendar for the year, a utero-gestation table, a space for marking midwifery engagements, names and addresses of patients, nurses, &c., one for things wanted, and another for such as have been lent. In addition are memoranda on a variety of points such as specific gravities, the normal weight and size of the principal organs in the adult, an alcohol table, average heights and weights of man, notes on poisonings, the nutritive value of food, the adulteration of drugs, &c. To be able to have ready access of information of this kind is often of importance, and its incorporation in a visiting list is very useful. This is a most serviceable pocket companion for a medical man.

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*A System of Surgery.* By WILLIAM TOD HELMUTH, Professor of Surgery in the New York Homœopathic Medical College, &c. Fourth edition. Revised and corrected. Boericke and Tafel. 1879.

WE are glad to see a fourth edition of this valuable work. The number of homœopathic practitioners in this country who devote themselves entirely to surgery is, we believe, *nil*, and those who even pay much attention to it are few. The reason of this is obvious. The supply of homœopathic practitioners is far smaller than the demand for them, so that those who do thus practice have their time fully taken up by medical cases, in which internal treatment by medicines is alone needed. Surgery is such a wide study of itself that the homœopath is tempted to avoid it altogether, and relegate his surgical cases to a surgeon, although he may be of the old school. This is, we think, a great pity, and a great mistake. It is popularly supposed that homœopathy has little bearing on surgery, and this notion is kept up by the fact that so few homœopaths profess to be operating surgeons, or care to undertake surgical cases at all. But the more carefully the subject is considered, the more important does the influence of homœopathic treatment in surgical cases show itself. In the mere question of the mode of operating, homœopathy has no place, but it has a vast deal to say



to the necessity for operation at all, and still more to the ultimate success of the case in its after treatment. How many cases which are condemned to the knife by the old school are cured without it by homœopathy, and of what value in treatment after operations it is to give the patient the benefit of homœopathic medicines, those only who pay any attention to the subject are fully aware, and it is a thousand pities that such results should not be generally known, and made use of by us, instead of letting surgical cases go out of our hands, and thus depriving our patients of benefits which they would too gladly avail themselves of, if it were in their power. We welcome, then, such a book as Dr. Helmuth's. The work is a masterly one in every way. Into all the details of surgery, independent of the homœopathic treatment, Dr. Helmuth enters fully, bringing down his information to the present day, and making full use, always with acknowledgment, of the most recent improvements introduced by both schools. As a mere text-book of surgery the student and practitioner will find it equal, if not superior, to the standard works on surgery, while he has here the advantage of learning the valuable and important plans of homœopathic internal treatment, instead of the rough medication of the old-school. The remedies called for in the various complaints are clearly set forth, with their indications, so that the student can be at no loss how to treat his patient. Dr. Helmuth embraces the whole field of surgery, except ophthalmology, otology, and odontology. He omits these, as they form specialities of themselves; and from the immense strides made of late in these branches, he would require to double the size of his book. He very properly, we think, refers the student to other separate works on these subjects.

We congratulate Dr. Helmuth on the issue of a fourth edition of such an admirable work, and trust that every student and practitioner of homœopathy will possess himself of a copy, and endeavour to treat his surgical cases with its aid, instead of handing them over to the allopathic surgeon. The book, we may add, is richly illustrated with nearly 600 wood cuts.

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## NOTABILIA.

### HEAVY DAMAGES.

DR. CHARLES D. F. PHILLIPS has, after fighting his action in several courts, obtained a verdict for £16,000 from the London and South Western Railway Company as compensation for injuries received by him in an accident on that railway some two years ago. It is said that the Company intend to carry their



case to the House of Lords, but as Dr. Phillips has won his case in every court hitherto, there is little chance, it would seem, of any alteration in the verdict. We understand that Dr. Phillips' injuries are not only serious in themselves, but of a nature likely to be permanent, and to render his undertaking any professional duties in the future improbable. Dr. Donkin has been appointed to deliver the course of lectures at the Westminster Hospital during next summer in the absence of Dr. Phillips.

### THE SOUTH OF FRANCE.

THE *Morning Post*, the *British Medical Journal* remarks, is undertaking a very useful task in inquiring into the sanitary state of some of the foreign health resorts. Alluding to the long list of persons well known in English society who are wintering at Cannes, and similar lists might be furnished from Nice, Mentone, Monaco, San Remo, Bordighera, and the other health resorts of the Riviera, it observes:—"Along the whole coast new villas are being rapidly built, and huge and magnificent hotels are springing into prosperous existence. When it is recollected that the minimum rent of a villa is £400, and that the hotel charges are upon a scale based upon the value of health and the charms of a monopoly of sunshine, it will readily be conceded that an enormous sum of money must be transferred from the pockets of the invalids or valetudinarians and the great crowd that flies from the rigours of an English winter to bask in the warmth of the southern coast of France. In return for the hundreds of thousands of pounds that we hand over to the happily situated foreigners for these advantages, we receive the traditional welcome accorded to those who pay; magnificent promenades are laid out, planted with palm-trees and roses, bands play in the public gardens, and every possible facility is given for the enjoyment of all the pleasures that the sanitarium can afford. But we are afraid that the curse of foreign towns—inadequate drainage and defective sanitary arrangements—are to be found uncorrected in places which have no excuse of antiquity to allege, but which have, as it were, sprung into existence in the space of a single generation. It is too cruel that those in delicate health, whose condition renders them susceptible to any infection, should be tempted from their wholesome English homes, under pretext of seeking health, and be exposed to dangers easily avoidable by the expenditure on municipal improvements of a very small percentage of the great sum which these cities levy from their visitors."



### HEALTH RESORTS.

THE unpropitious nature of the present season in places usually considered to enjoy perennial summer suggests the propriety of advising patients to make trial of localities nearer home than are the spots generally recommended. At Cannes, which is a favourite winter refuge, for the past few weeks the weather has been no improvement on that experienced at home, and the advantages of a residence in it have been therefore reduced to a minimum. In view of this it seems advisable that trial should be made of certain of the sheltered villages on the coast of Devon. In many of these, particularly along the Exmouth coast line, the most genial weather has prevailed of late, and at a time when the cold and discomfort have been at the greatest in situations further north. The fashionable predilection in favour of foreign towns is much to blame for many deaths that might possibly have been prevented for a time, had the attention of the invalids been drawn to the possibility of discovering a genial abode in their own country.—*Medical Press and Circular*.

### SCHOOL FOOD.

THE complaints that have recently appeared in *The Times* regarding the indifferent nature of the food supplied at many of our chief schools open a grievance of ancient date. As a rule, however, the dietary at our large schools has greatly improved during the last twenty years, and the chief faults to be found with most of them lie, not in the quantity and quality of the food supplied, but in the bad arrangement of the meal hours, and faulty management of the housekeeping department. In many cases boys assemble in the schoolroom at 6.30 or 7 a.m., and wait there fasting till 8.30. As the last meal, and that only a light supper, has been taken some thirteen hours previously, the stomach is exhausted, and unable to digest a plain and substantial breakfast, and the appetite consequently needs provoking with lighter and more relishing food than the school table affords; hence the lads turn with disrelish from the simple fare before them. This condition is no fit preparation for the dinner-time, and the digestion of the solid joint and pudding. We believe if the practice were generally instituted of giving the boys hot milk or coffee, with a biscuit or crust, when they first rise in the morning, before going into school, their stomachs would be in a better condition to digest the more substantial breakfast later on. But even when this plan is adopted, and no complaint can be made against the liberality of the supply, the food is rendered unpalatable by bad cooking and slovenly service. Meat dried to a chip, moistened with thin lukewarm greasy gravy,



served on a cold plate, with waxy potatoes, and greens sodden with water, may be found on the tables of many first-class schools whose masters boast that they contract for provisions of the best quality, and that the supply is practically unlimited. Such shortcomings must invariably happen if the master is ignorant of domestic matters, or leaves this department to an inexperienced wife, or perhaps still more inexperienced sister. Where this is the case, nothing can mend matters unless he is fortunate at length in securing the services of an honest and a competent housekeeper. Under any circumstances, however, the master ought not to be above a knowledge of domestic detail, certainly in regard to such an important matter as food. He might, at least, see for himself that the joints sent to table were well cooked and full of gravy, and had not been pricked by the cook to augment her perquisite of dripping, and that the potatoes, bread, butter, tea, sugar, &c., were really of the quality contracted for. If masters knew more of these petty details, they would save enormously in their house expenses, and their boys would be contented and thriving. With plenty of good well-cooked beef and mutton, sound bread, sweet butter, and honest cheese allowed him, the school-boy who craves for something more luxurious is either too delicate for school life, or stands in urgent need of a dose of physic.—*Lancet*.

### THE PREVAILING EPIDEMIC OF MEASLES.

On this important subject Dr. Cheadle, Physician to the Hospital for Sick Children, makes the following interesting remarks in the *British Medical Journal*. One practical lesson to be derived from them is that routine treatment, even in so well defined a disease as measles, is impossible :—

“ The cases of measles which have come under my observation, in the epidemic now prevailing in the centre of West London, have presented certain unusual features. The experience of some other physicians corresponds, I believe, with mine ; and I should be glad to enquire more widely whether these variations from the ordinary type mark generally the existing form. The peculiarities are these :—

“ 1. A previous attack of the disease has afforded no immunity from the present disorder. Children who *have* had measles before in the most typical form, and as lately as within the last twelve months, have suffered equally with those who have *not* had it before. Out of twelve cases of which I have knowledge, nine have had the disease previously, and eight of them within the year.



“ 2. The symptoms of coryza have been unusually slight, the sneezing little, and in some cases absent; while the laryngeal catarrh and cough have been exceptionally severe. The latter especially has been a striking feature, being most violent and incessant; and, at the height of the disease, recurring so distressingly and constantly every few minutes as entirely to prevent sleep, and indeed rest of any kind, for a period of many hours.

“ 8. Another symptom, unusually prominent in some cases, has been *vomiting*—coming on with the first fever, and continuing at intervals until the eruption began to decline, the retching not being a result of the cough, but independent of it—an effect of the measles poison.

“ 4. The eruption has been profuse, more raised and papular than usual, and largely confluent in patches on the face and limbs.

“ 5. About forty-eight hours after the fever has commenced to decline with the subsidence of the eruption—*i.e.*, on the fourth or fifth day after the first appearance of the eruption—severe earache has supervened, lasting several hours, and then passing away without discharge or other sign of otitis.

“ The temperature has ranged from 102° to 108.8°; the pulse 120 to 160; but in this there is nothing beyond what is seen in severe cases in ordinary epidemics. Leaving out of consideration for the present all but the first point, viz., the recurrence of the disease in the same individual a second time, the proportion of cases in which this has occurred is very remarkable. The question arises: Whether the first attack was really identical in nature with the second? Are these two distinct diseases, or forms of the disease (apart from Rotheln), each of which confers immunity from a second attack of the same variety, while affording no protection against the other? ”

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### AN APPEAL FOR HELP.

WE have to acknowledge the receipt of £1 1s. from John Mansell, Esq., Grantham.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE next meeting of this society will take place on the 8th current, instead of to-night, when a paper will be read by Dr. Ker, of Cheltenham, on *The Use of Alcohol in Disease*.



## CORRESPONDENCE.

## HYDROPATHIC ESTABLISHMENTS.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Will you kindly allow me to correct a misstatement, which I have no doubt has been inadvertently made, in your issue for this month (December 1st). You state that “Dr. Owens, of the Arboretum, Leamington, is the only practitioner who employs homœopathy in the treatment of cases in a hydropathic institution.” The establishment at Leamington is, however, not the only hydropathic establishment in the kingdom where patients are treated homœopathically when they need medicinal treatment. The hydropathic institution at Llandudno, North Wales, which was opened and conducted by the late Dr. Norton for some years, and which has for the last ten years been conducted by Dr. Thomas, its present proprietor, is an institution where patients always have homœopathic treatment combined with the ordinary hydropathic appliances. Having visited and having sent patients to both places, I can speak to the excellence of the arrangements in each. Where a sojourn in a beautifully situated inland town is desirable for a patient, the Arboretum at Leamington will be found an excellent and comfortable place, and where a sea-side residence with a mild winter climate is the thing most to be desired, the establishment at Llanudno will be found to be all that can be wished.

I remain, GENTLEMEN,

Yours, &c.,

CHAS. H. BLACKLEY.

Old Trafford, Manchester,  
Dec. 16th, 1879.

[Dr. Blackley will see that we have referred to the subject of his letter elsewhere. At Dr. W. Johnson's establishment at Malvern, which is one of the best with which we are acquainted, homœopathic treatment is also employed, and there are others.—  
EDS. M.H.R.]

## HOMŒOPATHY IN AMERICA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—The rapid and continued advance of homœopathy in popularity in the United States of America is acknowledged as a general fact. But a few details in proof of this progress may interest your readers. In America, not only do great numbers of patients warmly appreciate the reformed practice,



but homœopathic practitioners are actually not ashamed of the name and practice of homœopathy. On the contrary, they are proud thereof. And although medical opinions respecting the dose differ widely with our cousins, as they do with us, still the disbelief and scorn of infinitesimal quantities are far from being as frequent as they are in England. Many of their best men still use globules or pilules—"pellets," in the American vocabulary.

This wide-spread trust in Hahnemannian doctrines has induced our friends on the other side of the Atlantic to publish many large and costly works of great practical value. It has also stimulated the formation of numerous flourishing homœopathic colleges and societies; and several of their periodicals are devoted to the cause. In short, it may be said that, in the great Republic, homœopathy is in every respect treading upon the heels of orthodox medicine.

A warm lay admirer of Hahnemann, residing at Calcutta, has kindly sent me several leaflets, or tracts, issued by the Homœopathic Mutual Life Insurance Company of New York. These tracts contain a host of facts concerning the relative merits of the old and the new practice. Dr. Kellogg, the President (or, as we should call him, chairman) of the Company, gathers his statistics from official sources. The following tables, for example, give the Government returns of the mortality in *private practice*, in five great cities, thus excluding hospital practice, as being mostly in allopathic hands, and also excluding deaths occurring from still-birth, accidents, and violence, as having no bearing on the question of medical treatment:—

NEW YORK CITY.

*Allopathic.*

Year.		No. of Physicians.		No. of Deaths.		Average Deaths to each Physician.
1870	...	944	...	14,869	...	15.75
1871	...	984	...	15,526	...	15.78
Total		1,928	...	30,395	...	15.78

*Homœopathic.*

1870	...	148	...	1,287	...	9.00
1871	...	156	...	1,248	...	7.97
Total		299	...	2,530	...	8.48

So that in New York each allopathic physician lost a yearly average of nearly sixteen patients, while the homœopath lost less than nine.



## BOSTON.

*Allopathic.*

Year.		No. of Physicians.		No. of Deaths.		Average Deaths to each Physician.
1870	...	218	...	8,872	...	17.76
1871	...	238	...	8,869	...	14.46
1872	...	288	...	4,575	...	19.68
Total		684	...	11,816	...	17.27

*Homœopathic.*

1870	...	40	...	402	...	10.05
1871	...	44	...	868	...	8.25
1872	...	54	...	446	...	8.26
Total		188	...	1,211	...	8.77

The above table shows that the allopathic losses were to the homœopathic more than 17 to 9.

## PHILADELPHIA.

*Allopathic.*

Year.		No. of Physicians.		No. of Deaths.		Average Deaths to each Physician.
1872	...	655	...	12,468	...	19.08

*Homœopathic.*

1872	...	168	...	2,162	...	12.87
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The fatal year 1872 gives a marked disparity between the results of the two systems, allopathy losing 19, and homœopathy, under the same circumstances, less than 18, to each physician.

## NEWARK (NEW JERSEY).

*Allopathic.*

Year.		No. of Physicians.		No. of Deaths.		Average Deaths to each Physician.
1872	...	77	...	2,121	...	27.54
1878	...	77	...	1,185	...	15.89
Total		154	...	8,806	...	21.46

*Homœopathic.*

1872	...	18	...	168	...	12.92
1878	...	16	...	158	...	9.56
Total		29	...	821	...	11.07

Here the average allopathic mortality was nearly twice as great as the homœopathic,



BROOKLYN.

*Allopathic.*

Year.		No. of Physicians.		No. of Deaths.		Average Deaths to each Physician.
1872	...	817	...	7,686	...	24.08
1878	...	888	...	7,181	...	21.56
Total		650	...	14,817	...	22.79

*Homœopathic.*

1872	...	84	...	976	...	11.62
1878	...	92	...	916	...	9.95
Total		176	...	1,892	...	10.75

The Brooklyn table yields an allopathic mortality more than double the homœopathic in proportion to the number of physicians.

That American homœopathic doctors deal with acute cases and dangerous maladies is proved by the medical statistics of Brooklyn and Philadelphia. The ensuing table gives all the cases which died from the diseases named in those two cities. Allowance being made for the respective numbers of physicians, the ratio of deaths under the two systems was as stated in the next table. The result of all the cases is that the homœopathic deaths were to the allopathic as 722 to 1,400, being rather more than one-half, and this in maladies of great variety, and of a grave character.

DISEASES.	DEATHS.	
	Homœopathic	Allopathic.
Bronchitis.....	48	100
Cerebro-spinal Meningitis ...	44	100
Cholera Infantum.....	64	100
Croup .....	87	100
Diarrhœa .....	85	100
Diphtheria .....	68	100
Dysentery.....	89	100
Erysipelas.....	88	100
Inflammation of Brain .....	69	100
Do. Bowels .....	88	100
Do. Lungs.....	89	100
Scarlet Fever .....	69	100
Small Pox.....	61	100
Typhoid Fever .....	88	100

We are then asked, by way of conclusion, to reflect upon the following grand total of cases, adding together the comparative statistics already given of the five cities of New York, Boston, Philadelphia, Newark, and Brooklyn: 4,071 allopathic physicians report 72,802 deaths; while 810 homœopathic



physicians report 8,116 deaths. Judging from a total of over 80,000 cases, the average allopathic physician annually loses by death more than 17 of his patients, while the average homœopathic physician loses only 10.

The overwhelming evidence in favour of the reformed practice enables the Homœopathic Insurance Company to grant policies to habitual homœopaths at considerably reduced rates. The company, which appears to be one of the most prosperous in New York, could not afford to do this unless justified by authentic facts on a large scale.

It is well known how much scientific and practical homœopathy owes to Constantine Hering, Boëninghausen, Lippe, Carroll Dunham, and Hempel. But here we find a single Assurance Company issuing numerous leaflets, which keep the American public constantly informed as to the relative advantages of the old and the new systems of medicine. Proofs are therein collected with unwearied assiduity that homœopathy, in all maladies, acute and chronic, cures more frequently, more certainly, more speedily, more safely, more pleasantly, and at less cost, than any other known treatment.

Thus far the leaflets. Let us now briefly compare the progress of our practice, in public estimation, in Great Britain and in the United States.

That the American public appreciate the blessings of homœopathy is proved by the large number of homœopathic practitioners in their great cities. Thus, so long since as 1872, there were 240 homœopathic doctors in New York and Brooklyn, with a combined population probably not very far exceeding a million. London, on the other hand, with more than three million inhabitants, has only 105 homœopathic doctors; and in Great Britain and Ireland, with a population of thirty-five millions, there are but 275 professional homœopaths. In the United States, with a population of forty-five millions, there are several thousand homœopathic physicians. In every populous city of the States, there is a large and increasing supply of professional homœopaths. Even many villages are so supplied.

It may be worth while to enter into some details. Liverpool, with its large and wealthy population, is satisfied with 15 homœopathic doctors for its half million inhabitants; Glasgow has five doctors for nearly half a million residents; Manchester has 12 doctors to 350,000 inhabitants; Birmingham has 7 doctors for 350,000 inhabitants.

Each of the above great "hives" is probably supplied with a phalanx of at least 250 or 300 allopathic practitioners.

Leeds, Norwich, Bristol, Halifax, Newcastle-on-Tyne, Huddersfield, and other important English towns, have each but one or two of our doctors.



The comparative numbers of our adherents and of our opponents may be still more strikingly displayed in tabular form. First let us take four chief American cities.

	Allopathic Doctors.		Homœopathic Doctors.
New York .....	984	...	156
Brooklyn .....	817	...	84
Philadelphia .....	655	...	168
Boston .....	233	...	54
Total.....	2,189		462

The above figures refer to the year 1872. There is reason to believe that our adherents have since then been largely increased. In support of this, it may be stated that, in the year 1871, thirteen additional homœopathic physicians had appeared in New York city alone.

The next table gives the number of professional advocates, in 1878, in four of our own chief towns—

	Homœopathic Doctors.
London .....	105
Liverpool .....	15
Manchester .....	12
Birmingham .....	7
Total.....	139

The four American cities, with a combined population of nearer two than three million inhabitants, require 462 homœopathic doctors, being more than one-fifth the number of the allopaths. The four English towns, with a joint population of five millions, are satisfied with 139 homœopathic attendants. In New York city, the homœopathic physicians are to the allopathic as 1 to 6.

In London the proportion is 1 to 20, namely 105 to considerably over 2,000—"one halfp'orth of bread to this intolerable deal of sack." It is still more surprising that while Philadelphia, the second city in the States, has 168 homœopathic practitioners, our own second city, Liverpool, with a much larger population, has but 15.

Well may one of our foremost authorities, Dr. Hilbers, think that homœopathy is in a weak and failing condition in these islands. Many reasons may be adduced for this state of affairs. In the first place, our system no longer possesses the excitement of a novelty. Then homœopathy has so revolutionised orthodox medicine, that the divergence between the two, though still great, is lessened in some important features, heroic measures having gone out of date. On the other hand, many of our own men abjure the minute doses which served so well in the hands of Hahnemann and many of his earlier disciples. Some men, nominally homœopathic, prescribe mixtures worthy of an allopath



of 50 years since. One physician of deservedly high eminence, Dr. Kidd, goes so far as to say, in his recently-published work, that all the best homœopathic practitioners have now discarded infinitesimal doses. Other authorities, again, desire to merge the name or the practice of homœopathy, or both, in the general science and art of medicine. Were we, under present circumstances, to submit to this, we should resemble commanders who, after long and arduous campaigns, would, with victory at length in prospect, abandon the struggle and let the enemy dictate terms of submission.

Personally, an experience of thirty-five years has but served to sustain my confidence in homœopathy, and in the minute doses so emphatically advised by Hahnemann. Larger doses may be better in many instances. But the careful experiments of our physicians all over the world have surely proved that exceedingly minute doses of homœopathic medicines do cure quickly, certainly, and pleasantly in every known form of curable malady.

The belief in homœopathy, and in minute doses, seems to be much deeper in the American mind, both medical and lay, than in the English. Perhaps this may be a chief reason for the rapid strides which our science and practice have made in the United States.

Yours faithfully,

NEVILLE WOOD, M.D., F.R.C.P.E.

10, Onslow Square,

November, 1879.

[To Dr. Wood's interesting statistical *résumé*, I may, perhaps, advantageously add a few words. When in the United States last summer, I made enquiries in various directions regarding the position of the Insurance Office, the statistics of which he quotes. As a result, I found two facts of great importance in estimating its credit and credibility.

1st. Of several—some ten or more, I think—insurance offices started in the same year as the Homœopathic Mutual Life Insurance Company of New York, it alone survives. All the others have become bankrupt.

2ndly. The United States Government look very sharply after all insurance offices. They possess the power of examining the books and securities of every office, and if these are not up to a certain standard, Government compels its closure. The examination, I may add, is made without any notice. Out of this ordeal the New York Homœopathic Mutual Life Insurance Company has come out unscathed more than once. This Company, then, is a commercial success, while the name of Dr. Kellogg, the President, is to all who know him a guarantee of the most absolute integrity.—A. C. P.]



## IS HOMŒOPATHY UNIVERSAL ?

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In your December number, pp. 741-2, Dr. Galley Blackley says : “ I should not be doing my duty if I sent you away to-day with the belief that our law is *universal* in its applicability.—Cases will occasionally arise,—where you will feel it to be your duty to prescribe for your patient otherwise than homœopathically ; to order, perhaps, a Turkish bath, or a course of Faradisation ; or even, reverting to your old experience, to prescribe a stiff purge, a brisk emetic, or a powerful hypnotic.”

To allow such teaching, coming as it does from a lecturer of the London School of Homœopathy, to pass unchallenged, would, in my opinion, be productive of serious harm.

In the first place, *such teaching is not homœopathic*. Hahnemann taught the *universality* of the law of similars in the sphere of drug-healing ; the doctrine that Dr. Blackley teaches in his lecture is *simply that of Hippocrates*. Was it necessary to found a new school, with a distinctive title, merely to teach the Hippocratic principles which are admitted as “ orthodox ” by the dominant school of medicine even to the present day ?

Again, if homœopathy be not an *exclusive* system of medicine, what is the difference between it and the old school ? There is probably not a therapist in that school who does not use drugs on the law of similars. This being the case, where are we to draw the line ? Dr. Blackley may reply that the difference is this—that a “ homœopath ” *generally* applies the law of similars. But, supposing a physician should maintain that similars and contraries were of about equal value, what should he be called ? There is no logical escape from this conclusion—that the physician who *universally* prescribes medicines according to the law of similars is a homœopath ; he who sometimes diverges from it is not a homœopath, but an *eclectic*.

Singularly enough, I am sustained in this position by Dr. Sharp, whom no one will accuse of being a bigoted Hahnemannian. In the same number of the *Review* he denies Dr. Burnett's claim for Rademacher and Paracelsus as the founders of organopathy, *because* they admitted that it was not *universal*. Apply this reasoning to the eclectic practice so prevalent under the name of homœopathy at the present day, and the conclusion is obvious.

Dr. Wilberforce Smith has been most unmercifully “ sat upon ; ” first, for refusing to allow his name to be inserted in the *Homœopathic Directory*, and secondly, for publicly repudiating homœopathy. Without entering into the question of how far Dr. Smith has entitled himself, by careful investigation, to speak on the subject, I must say that I consider his conduct in these two points as honest and worthy of all praise. As he does not



believe (rightly or wrongly it matters not) that homœopathy is a *universal* system of drug-healing, he does quite right not to ally himself with its name.

The proof of the pudding is in the eating. In your November number I quoted Hahnemann's challenges. Dr. Cooper has not yet taken up the gauntlet which I then threw down. Will Dr. Blackley do so? It is a fair and knightly challenge. Let him, therefore, or any who may agree with him, come forward to break a friendly lance for the honour of our spotless queen, Homœopathy; let him give just half-a-dozen cases where—after Hahnemann's rules, faithfully carried out, had failed—a resort to "a stiff purge, a brisk emetic, or a powerful hypnotic" cured.

Yours truly, E. W. BERRIDGE.

### EFFECTS OF GLONIN.

*To the Editors of the Monthly Homœopathic Review.*

Dear Sirs,—The following effects of Glonoin, having lately come under my notice, I forward them to you, as I think they may interest some of your readers.

E. C., æt. 21, rather stout and thick set, with large head, and great brain power, having passed all the examinations at school and college that she possibly could.

Previous history: When a child she had the misfortune to fall over the banisters on her forehead, and her father, who was a medical man, was very anxious about her head, but she never seemed to have any bad effects from the fall. Last winter, while walking on the ice where her brothers and sisters were skating, her feet slipped from under her, she fell on the back of her head; she was insensible for some little time, and when she recovered consciousness did not seem to know exactly where she was or those about her; but in the course of a few days she seemed all right again. Having complained of headache for some little time, and having taken *belladonna*, *gelseminum*, and one or two other medicines, I ordered her *glonoin* 8x, four drops in a small tumbler full of water, a dessert spoonful three times a day. She took the first dose about five o'clock in the afternoon; about a quarter of an hour after taking it, as she was going from one room to another, she felt a peculiar dizzy feeling coming over her, was only able to get into the next room and sit down in a chair when she lost consciousness, but does not think she did so for more than half a minute (and her friends corroborate her in this) as she was aware of everything that was taking place, but felt perfectly helpless. She remained in this state for fully five minutes, and says that she could not make out what those about her were saying, but it sounded as if they were trying who could shout the loudest. Her friends explained to me that during



the attack she looked deathly pale, except round the nose and mouth where she was a dark livid colour.

I saw her about three quarters of an hour after the attack.

She was then lying on a sofa in a darkened room, and said she felt nearly all right. The pulse was regular, about 84. Heart sounds natural. Breathing easy. The pupils, on examination with a lighted taper, were fairly dilated and both of the same size. I at once stopped the medicine, and she has had no return.

Yours very truly,

Manchester.

DOUGLAS MOIR.

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### ORGANOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Dr. Sharp tells us in his paper that he is not in good health, and is therefore prevented from entering fully into the questions touched upon in my two papers to which he makes reference.

I therefore propose to pursue the matter no further, merely reiterating that, *in my opinion*, Dr. Sharp's claims cannot be maintained.

Dr. Sharp has mistaken my meaning in one or two particulars. First, as to my imputing a serious moral delinquency to him. This I wish to say I never *intended* to do; and, I believe, never did do. The playful tone of my paper on *Ceanothus Americanus* entirely precludes any such intention on my part. If, in Dr. Sharp's opinion, I did make any such imputation, I desire to withdraw it; I merely mean that, as far as I have read, the principle and practice of organopathy belong to Rademacher and to his immediate disciples.

I may say that I was well acquainted with organopathy from the works of Rademacher and his followers at least five years before I ever read Dr. Sharp's Essay on Organopathy, hence my astonishment was very great when I did read it, for I found it almost identical with Rademacher's and entirely so with Loeffler's.

I mention this to shew that my papers were not dictated by any desire to *attack* Dr. Sharp, as has been suggested. On the contrary, I desire to do honour to one who fought so well and so bravely for our good cause when he was in all the pride and glory of his ripe manhood.

I quite agree with Dr. Sharp that he has been much better occupied in scientific research than in re-acquiring his lost German.

In conclusion, I must again maintain that organopathy is an integral part of homœopathy, and always has been ever since homœopathy came into existence.

Yours faithfully,

2, Finsbury Circus, E.C.,  
December 10th, 1879.

J. C. BURNETT.



## A CORRECTION.

We regret to find that, in "Notices to Correspondents" in our issue of December, we have made a mistake; we need not add, inadvertently. We stated that Dr. OWENS, of the Arboretum Pinetum, Leamington, was "the only practitioner who employs homœopathy in the treatment of cases in a hydropathic institution." This, we learn, is incorrect, and that Dr. THOMAS, of Llandudno Hydropathic Establishment, Dr. WALTER JOHNSON, of Malvernbury, Great Malvern, and also Dr. PEARCE, of Swanage, near Bournemouth, all practitioners of over twenty years standing, treat the patients at their establishments homœopathically. We may add that it is quite possible that there may be other hydropathic establishments in the country, where patients can obtain homœopathic treatment.—Eds. M. H. R.

## NOTICES TO CORRESPONDENTS.

\*.\* We cannot undertake to return rejected manuscripts.

Communications have been received from Dr. SHARP (Rugby); Messrs. CHATTERTON (New York); Dr. D. H. BECKWITH (Cleveland, Ohio); Dr. BLACKLEY (Manchester); Dr. BERRIDGE, Dr. COOPER, Dr. HARMAR SMITH, Dr. E. M. MADDEN, Dr. PURDOM, Dr. A. C. CLIFTON, GEO. S. DAVIS, Esq. (Detroit); Dr. PROCTOR (Birkenhead); JOHN MANSELL, Esq. (Grantham); Messrs. HENRY KIMBER and Co.

## BOOKS RECEIVED.

*Cypher Repertory. Part xviii. Female Genitals.* By Dr. A. Stokes.  
*Modern Household Medicine.* By C. R. Fleury, M.D.  
*The Homœopathic Physician's Visiting List.* By R. Faulkner, M.D.  
 Second edition. Boericke & Tafel, New York and Philadelphia.  
*Transactions of the Homœopathic Medical Society of Pennsylvania.*  
 Fifteenth Annual Session. Pittsburgh: Miles & Bros. 1879.  
*The Homœopathic World.* December.  
*The Students' Journal.*  
*North American Journal of Homœopathy.* November.  
*The American Observer.* November.  
*United States Medical Investigator.* October.  
*St. Louis Clinical Review.* November.  
*The American Homœopath.* November.  
*New Preparations: A Monthly Journal of Medicine.* G. S. Davis,  
 Detroit, Michigan.  
*Revue Homœopathique Belge.* October.  
*Bulletin de la Société Homœopathique de France.* November.  
*Allgemeine Homöopathische Zeitung.* December.  
*Homöopathische Rundschau.* December.  
*Rivista Omiopatica.*  
*El Criterio Médico.*  
*Morning Light.* Nov. 22, 1879. Berry & Co., Northampton.  
*The Boston Journal.*  
*The Syracuse Journal.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE NORWICH HOSPITAL SUNDAY FUND.

LAST year, in noticing the meeting of the supporters of the above fund, we pointed out, what we were previously unaware of, that Norwich is the only town of such a size as to admit of having a Hospital Sunday Fund, in which the local homœopathic hospital or dispensary was denied a share in the charitable proceeds. At this meeting it will be remembered that certain gentlemen who knew the value of homœopathy, or who personally were aware of the benefits accruing to the poor from the treatment at the homœopathic dispensary, proposed that it be included in the list of medical charities of the town which should receive a share of the Hospital Sunday Fund. This proposition was discussed, but a decision on the question was deferred till the next meeting. In commenting on the report, we stated it as our conviction that the point would be carried, and that Norwich would not be behind other cities in liberality in the mode of distributing its Hospital Sunday Fund. We have much pleasure in announcing that our anticipations have been realised, and that at the annual meeting held on the 30th of December, 1879, the motion was carried by what the daily papers report as "a large majority."

The discussion which the question elicited was, however, such that a further notice of the proceedings than a mere statement of the fact is called for.



The Rev. G. S. BARRETT, one of the secretaries of the fund, who moved the resolution at the former meeting, was unavoidably absent. The motion "that the Norwich Homœopathic Dispensary be added to the list," was moved by Mr. FLETCHER.

He said\* that—

He hoped it would not be necessary to support this amendment at length, as the question had been so fully discussed on previous occasions. He should be sorry to contrast the relative merits of the different systems of medicine. That was beyond the question. There might be differences of opinion upon that point. But he could only express his individual opinion that all were doing good work. From what he had seen of the Norwich Homœopathic Dispensary he believed that it was doing good work along with the rest of the medical institutions of the city. Many of the supporters of the Dispensary were also supporters of the Hospital Sunday Fund, and of all the allopathic medical charities of the city. But it was on the ground of simple justice that he again asked that the Homœopathic Dispensary should be included in the list. Norwich was, he believed, the only large town in the kingdom where the Homœopathic Dispensary was not made a participant in the Hospital Sunday Fund. The matter was one of principle, for the amount the institution would receive, in accordance with the rule of distribution, would be very small.

Mr. F. W. HARMER, who seconded the amendment, said that while many of the subscribers to the fund were homœopaths, he did not see on what ground they could refuse to grant them a share in the fund collected. No doubt the greater number of those assembled were adherents to the allopathic theory, but that was no reason why they should keep all the good things in their own hands, seeing that persons who did not agree with them also contributed. It was rather the reason why they should be

\* We take the report from the *Eastern Daily Press*, Dec. 31, 1879.  
—Eds. M. H. R.



strong enough to do an act of generosity towards those from whom they differed.

The Rev. T. A. WHEELER said that, though not a homœopathic disciple, he should support the amendment. "Do ye unto others as ye would they should do unto you." The broader the basis of the distribution the larger would be the fund at the command of the committee. Attention had been called to the comparatively small sum collected in this large city. It would be a pitiful thing if all the money collected for the medical charities of Norwich were represented by the £600 or £700 that came into the hands of this committee. But the fact was that many congregations making collections preferred to distribute them themselves, because they were not wholly satisfied with the basis on which the committee of this fund made their distribution. There was hardly a congregation in the city, church or chapel, in which there were not to be found many who believed in homœopathy, and who thought it by far the more preferable system of medicine. He did not, but he believed in doing good to all who were seeking to benefit their fellows. That these homœopathic gentlemen, skilful, benevolent, and kind to the poor, had been and would be of great service he had no manner of doubt; and he was sure that if their institution was systematically excluded from the distribution, the supporters of this fund would find there would be a withdrawal of contributions instead of an increase. (Hear, hear.)

Mr. F. DIX heartily supported the amendment, because though a subscriber to the institutions connected with both systems of medicine he had a larger number of applications for homœopathic than for allopathic tickets.

Mr. W. T. LIVOCK said that his opinion as to the value and usefulness of the Homœopathic Dispensary had been strengthened during the year from observations which he had made of cases cured and relieved through its agency. It was doing an act of injustice to a large medical charity to exclude it from participation in this fund. He could see no reason for excluding it except that it had never been included; but he hoped that if they had



not done right in the past they would now resolve to do right in the future. (Hear, hear.)

After a series of such speeches, one would have thought that the matter would have been at once agreed to. What more could have been needed than the statements of men who though they did not elect to have homœopathic treatment for themselves, yet supported the motion on the ground of justice and of principle, from personal knowledge of the benefits to the poor, and especially from Mr. Dix's statement, that having tickets for the charities of both schools of medicine to dispose of, he had a larger application for homœopathic tickets than for allopathic ones.

The poor may know nothing of theories of medicine, but they are the best judges of what system they experience most benefit from in illness, and Mr. Dix's is a strong and very interesting testimony to the value of the Norwich Homœopathic Dispensary.

Next, however, comes the speech of the Rev. A. C. COPEMAN, one of the Honorary Canons of Norwich. We give his speech entire as reported, as it is too entertaining to omit :—

The Rev. Canon COPEMAN said it was with the utmost possible regret that he rose from the promptings of his conscience to oppose an amendment which he knew was in accordance with the judgment and feeling of so many whom he highly respected, not only for the excellence of their judgment, but for other than friendly reasons. First of all he would remind them of the principles upon which they started seven years ago. Whatever might be thought of his opposition to the views of so many who had spoken, he hoped the meeting would give him credit for having been at the outset a most ardent admirer and supporter of this movement. They started upon the principle that they would obtain contributions for the support of all such charities as held a well-known and universally recognised position in the city—charities which should at the same time stand in an equally



well-recognised relation with the county—charities which should be supported for the most part by voluntary contributions—charities which should not make a charge for any of the benefits which they offered. Upon those principles they made choice at once of a set of charities which were fully recognised by all as great centres of usefulness and as having bestowed great benefits upon the poor of the city through a long series of years. The original choice of the charities had been sanctioned year after year; but now they were told there was a principle involved. But what was the principle? Was it that all the charities should share in the fund? If so they would be but poorly carrying out the principle by adding the Homœopathic Dispensary. Already an institution had been mentioned which was conferring great benefits upon the city and county. There was a similar institution at Hunstanton. The Lowestoft and Hunstanton Convalescent Homes were most valuable adjuncts to the charities, and would certainly have an equal claim, to say the least, with the Homœopathic Dispensary. If this Dispensary was made a participant, he did not see why the Dental Infirmary and the Norwich Society for the Relief of the Sick Poor at their own homes should not also participate. Thus if there was any principle involved, they must throw open the fund and administer such small modicum of help as they would be able to all. That was almost a *reductio ad absurdum*. One reason weighed strongly with him. He had no hesitation in saying that there was a large number of persons in this city who felt, as he did most strongly, that the homœopathic system of medicine was not one they would render any assistance or encouragement to whatever, if they had in view the best interests of the poor who had need of medical treatment. There, he knew, he differed entirely from the views of many of his friends whom he honoured for their excellent judgment and for other reasons. But the Homœopathic Dispensary stood alone; it was in an entirely different category from the other charities. There were many who would find themselves in exceeding difficulty in appealing to others to support what they conscientiously believed to be a system not suited to



the wants of the people nor calculated to confer benefit upon them. It was a matter of no importance whatever to this movement that he should withdraw from it; but still it might become a great matter if numbers were to follow his example. It was because others might possibly be moved as he was that he deprecated strongly any alteration of the system of distribution. He freely said that he could not conscientiously appeal to his people to grant contributions for the support of the homœopathic system of medicine, nor could he as one of the officers of this institution aid in the administration of that which was calculated to disseminate, as he believed, views so entirely opposed to his own conscientious convictions. Surely that was, at any rate, a sufficient reason to justify him in bringing before them the fact that there could be no principle involved in the introduction of this or any other name into the best of charities, and in showing them that they ran a great risk of giving offence to a larger number than they would be likely to conciliate. Some gentlemen supposed that the fund had suffered because of the exclusion of the Homœopathic Dispensary. That might be so; but a larger amount of suffering would be occasioned to the fund by its introduction. (Hear, hear.)

We should have thought on reading this speech, did we not observe that it was delivered by the Rev. A. C. COPEMAN, that it was the effusion of an allopathic practitioner, who in happy ignorance of what homœopathy is, expressed his convictions as to the sufferings of the unfortunate poor who deluded themselves into thinking they were cured by homœopathy, and actually preferred to be so cured to being under the old system. No matter whether speakers testified from personal knowledge to the good done, and the preference of the poor for the homœopathic treatment, Canon COPEMAN is conscientiously satisfied that such system of treatment must be injurious to the interests of the poor, and therefore he cannot "render any assistance or encouragement to it whatever," even though many of



the subscribers to the fund know personally not only the benefit it renders to the poor, but to themselves also when ill, and who have a right to see that part of their support goes to the institution they have most interest in. Would our readers like to be let into the secret of Canon COPEMAN'S views? We understand that the reverend gentleman is not only a brother of Dr. COPEMAN, of Norwich, but is himself an M.B. of the University of London, having belonged to the profession of medicine before he took orders. We have heard of the *odium medicum*, likewise of the *odium theologicum*, but when the two are combined in one person, what can we expect? We have little doubt that Canon COPEMAN'S knowledge of what homœopathy really means is about co-extensive with what is known of it by nine-tenths of the allopathic practitioners in the kingdom, and this is simply *nil*. We meet with nothing so common as vehement denunciations of homœopathy from medical men, who ought to know at least what they are talking about, but when quietly asked what homœopathy is, give replies which show that their ignorance is complete. In discussions on other points, a man usually looks small when he ventures to express opinions on what he evidently has not the slightest knowledge, and still more if he prides himself on knowing nothing about it. But in the profession of medicine, in this nineteenth century, it is quite otherwise. This has always been to us a marvel. The Canon is followed by another clergyman, whose testimony to the value of the homœopathic institutions is very interesting, as coming from one who, in his parish visits, could not shut his eyes to facts, and who, of course, could not fail to draw the simple conclusion which he expresses. His speech, and two others which follow, we append:—

The REV. T. HARRISON (Rackheath) did not think the argu-



ments of Canon Copeman sufficient to justify the rejection of the amendment. (Hear, hear.) What was the principle upon which the list of charities had been enlarged? Was it not because the institutions included were thought to be of great use and benefit to many? Now he had only to say that though he was a subscriber to, and interested in several institutions, he had seen benefits resulting from the Homœopathic Dispensary in his own parish. There was in his parish a child between the age of three and four, who he believed would either have been dead or a miserably unhealthy being but for the Homœopathic Institution. That child was for a long time under the treatment of an allopathic surgeon, a man of repute in his profession. As she did not get better under him, and at last absolutely refused to take his medicines, the friends did not know what to do till a ticket was given to them to go to the Homœopathic Institution. She took the medicines prepared for her, and within a month she ceased to suffer, and gradually recovered health. He knew of several other cases in which benefit had been received from the institution. When he saw such results he could not help saying that the institution was doing good and was really useful. He failed to see how the Homœopathic Dispensary could be compared with the Lowestoft Convalescent Home, or with the Dental Surgery, which dealt with a speciality, though he should have no objection, if the funds permitted it, to include them. His feeling was that there were so many ills to which mortal life was subject that there was abundant room for all who studied to alleviate or cure them. Many complaints did not yet seem to have met with any specific cure, so that there was opportunity for all to try to find remedies. (Hear, hear.)

MR. COMMINS supported the amendment, on the ground that it was not a question between homœopathy and allopathy, but of assisting institutions which did the utmost possible good.

MR. CULLEY also supported the motion, because he had personally experienced the benefits of homœopathic treatment, and because in all large towns in the country homœopathic hospitals were made participants in the fund.



Before the vote was, however, taken, another charming incident occurred. The "Rev. A. DAVIS asked in what position homœopathy stood, and what was the line which divided the regular from the irregular medical practitioner?" to which the Mayor (the chairman) "said that he would not undertake to answer this question." This is really a tit-bit. Perhaps Mr. DAVIS has never heard of a *Medical Register*, in which every practitioner must appear who has a right to practise, nor of not infrequent prosecutions of men who dare to practise, but whose names do not there appear. But instead of ourselves giving Mr. DAVIS further information, let him have it from the pen of the Rev. G. S. BARRETT, Joint-Secretary to the Fund with Canon COPEMAN. Mr. BARRETT was, as we have said, unavoidably absent, but his letter to the same newspaper from which we have quoted (Jan. 1, 1880), is so quiet and full of common-sense, that we conclude by extracting it:—

THE HOSPITAL SUNDAY FUND.

*To the Editor.*

Sir—As I was unable to be present at the annual meeting of the Hospital Sunday Fund yesterday, perhaps you will allow me, as one of its honorary secretaries, to express the satisfaction with which I learnt that the Homœopathic Dispensary had at length been admitted to a share in the funds collected for the medical charities of the city. I am sorry, in this question, to be compelled to differ from my valued colleague, the Rev. A. C. COPEMAN, to whom Hospital Sunday is so largely indebted for its institution and success; but I cannot help thinking that the only principle which ought to guide us in the selection of the medical charities which are to share in the proceeds of the fund is the very simple and equitable one, that each participating charity be a *bonâ fide* medical charity for the relief of the sick poor, and that it be administered by legally qualified medical men. Tried by both of these tests the Homœopathic Dispensary has as valid a claim to be included among the recipients of the



fund as any other medical charity in the city. It is, first of all, a medical charity for the relief of the sick poor, for last year alone there were 947 consultations at the Dispensary, and 858 visits paid to the homes of poor patients; and, secondly, it is administered by legally qualified medical men, both its medical officers being as legally qualified practitioners as any medical men in Norwich.

And this, sir, may help to answer a question that I observe was put by the Rev. A. DAVIS, who asked "In what position homœopathy stood, and what was the line which divided the regular from the irregular medical practitioner?" The public, I believe, are not fully aware that medical men who practise the system of medicine known by the name of homœopathy have been educated at the very same medical schools, have been taught by the same professors, have taken the same medical diplomas, in many cases the same university degrees, and are just as fully empowered by the State to practise surgery and medicine as their allopathic brethren. The only difference, so far as regards medical training, between a homœopathic medical man and an allopathic medical man is this—that the former, in addition to the regular allopathic training, has also passed through a course of instruction in the principles and practice of homœopathy; in other words he has added to his original qualifications for the practice of medicine as an allopath, whatever others he may have derived from his homœopathic training afterwards. Whether this be a disadvantage or not must be left to common-sense to decide.

The columns of a newspaper are not, however, the proper place for any discussion on the relative merits of the various systems of medicine in vogue at the present day (I say of the various systems of medicine, for to assume that the name allopathy covers the uniform system of the medical treatment of disease, or indeed any scientific theory of medicine at all, is to assume what every medical tyro knows is contrary to the fact); and I have preferred therefore, to rest my hearty approval of the action of the meeting yesterday, so far as it concerned the Homœopathic



Dispensary, not upon the homœopathic treatment of disease, firmly as I am convinced of that, as on the broad grounds of common justice I have indicated in this letter.

I am, Sir, your obedient servant,

GEORGE S. BARRETT,

Thorpe Hamlet, December 31st, 1879.

The motion for including the Homœopathic Dispensary in the list of charities receiving assistance from the Hospital Sunday Fund, was then put and carried by "a large majority." We congratulate the City of Norwich on this vote, and also our able colleagues, Drs. ROCHE, senior and junior. The statements expressed at the meeting, and the result of the vote, must be highly gratifying to them, and incentives to continue benevolent work, which not only benefits the poor, but furthers the advance of that system of medicine, which is at present steadily leavening the more thoughtful and free-minded of the practitioners of the old school, and which is destined in no very long time to be the prevailing system—that inaugurated by SAMUEL HAHNEMANN.

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### IODIDE OF ARSENIC.

By T. E. PURDOM, M.D., Newcastle-on-Tyne.

As confirmatory of Dr. Nankivell's use of *ars. iod.*, the following rough notes may be interesting.

Master C., æt. 14. History: very delicate as a child; had hydrocephalus, and was not expected to live for first few years. Did not walk till his third year.

Present state: Tubercular diathesis; large head; overhanging forehead.

Aug. 5th, 1876. After a severe wetting (and not changing his clothes) he was troubled with a cough, but went about as usual. Shortly after this other symptoms developed, and I made the following note. High fever; tongue coated, with very prominent papillæ; thirst; slight cough, no pain. Respiration hurried; rhonchi and mucous râles over both sides of chest. Percussion clear



Diagnosis: acute bronchitis, extending to small tubes. Prognosis: doubtful. Treatment: *acon.* 1, *phos.* 3. Light linseed poultice back and front; nourishing liquid diet.

Aug. 6th. *Ant. tart.* 3x instead of *phos.*

9th. Slight improvement each day.

10th. Temperature risen to 104°.4. Pulse 122. Respiration 48. Perspirations; cough troublesome; scanty mucons and frothy sputum; pleuritic pain; fever; râles; no dulness. I am afraid of tubercular mischief, considering constitution.

13th. Temperature 104°.4. Pulse 122. Respiration 70. Great blocking up of tubes, with subcrepitant râles, *ali nasi* act strongly.

Evening. Perspiration profuse. Temperature 101°.6. Pulse 100. Respiration 69; feels easier; appetite free; more drowsy than natural. I persevered with *acon.* 3x, *ant. tart.* 2x to 3x, and *phos.* 3, till the 22nd of August, being the seventeenth day from the beginning of the treatment.

August 22nd. On more careful examination distinct dulness was detected over right apex, also a crackling sound, with respiration hardly traceable to bronchial tubes. In consultation this was considered very like the breaking down of tubercle, and an unfavourable prognosis given. He now took for two days *phos.* 3 and 30. The poultices were removed; chest sponged with tepid water and vinegar; rubbed with warm olive oil, and covered with flannel.

25th. There seemed slight improvement from the *phosphorus*, which I put down to the 30th dilution, as he had the 3rd before. He was now put on *ars. iod.* 3x, and from this date there was decided progress towards recovery. Pulse 120. Temperature 100°. Respiration 50. Detailed notes were not kept after this, nor are these given at all perfect; suffice it to say, that under the steady use of *ars. iod.* 3x and then 2x, Master C. rapidly improved, and save a lingering dulness at right apex, he was soon quite well. This dulness eventually disappeared, and there has been good health now for over three years. Cod-liver oil was given during convalescence.

Remarks. The action of the *ars. iod.* was most decided and sustained. I have found it useful likewise in several phthisical cases.



## ANSWERS TO RECENT OBJECTIONS.

BY WILLIAM SHARP, M.D., F.R.S.

"No human pursuit makes any material progress until *science* is brought to bear upon it."—THE PRINCE CONSORT.

THE domain of Science is a republic, in which the citizens have equal rights. In the belief of this the author of these essays has presumed to think for himself. He has also imagined himself entitled to speak his thoughts with frankness, albeit in the spirit of charity, and in words of courtesy and respect. This course has placed him in a middle position between the attacking and defending combatants of the medical citadel, in which he has been alternately commended and buffeted by both sides. He has been grateful for the commendation, and has not been silenced by the buffeting, but has gone on in his own independent path. He thought that he had reached the end of his journey, but a rude shaking has taught him the contrary, and that he has still something to do, and a few more thoughts to express.

There are two ways of attempting to explain a difficult subject: one is to make a statement of it in the simplest language possible; the other is to reply to objections, also in the plainest words. In the last essay the true application of the term *homœopathy* was defined and explained in the first method, as clearly as it was in the author's power to do it. As this may not have rendered it plain to all, it is proposed, in the present essay, to try to make it intelligible by the second method. For this purpose the objections which have recently come to his knowledge shall receive the best consideration which he can give them. They come from both sets of combatants, and an equal number on each side shall be respectfully listened to and answered.

### I. *Empiricism*—a broken chain; science has found the missing link.

"I cannot doubt that the use of medicines should be studied in experiments on healthy persons. If I doubt whether, on any such experiments, a doctrine of therapeutic science can be founded, this is only a portion of the doubt which I feel whether we are yet even near to the power of explaining the clinical use of medicines by any principles of physiology. I am sure of the usefulness of many



medicines ; I am as sure of certain principles of physiology ; *I am not sure of any of the supposed relations between them.*"

These are the well-chosen words of a thoughtful and honoured man. I thank him for them. He will not object to hear what can be said in reply to them. The words imply—(1), the rejection of all the pathological and therapeutical theories which have been successively received by the profession up to the present time. In this I agree with him. (2) The probability, if not the certainty, that theories will never explain the connection which must exist between the nature of diseases and the action of medicines. In this also I agree with him. (3) That nothing but empiricism is at present available. Each disease must be treated by those remedies which have succeeded best in similar cases. This is a distinct acknowledgment that in therapeutics there is no science, and so it is one of those human pursuits which make no material progress. In this also I must agree with him, unless it can be shown that a better guide than empiricism has been found. That a better guide must be sought for is clear ; empiricism is only a temporary refuge for thoughtful men in a season of doubt ; it cannot be their final resting-place.

My correspondent says : "I cannot doubt that the use of medicines should be studied in experiments on healthy persons." This is a strong testimony in favour of a great work, but it seems to imply that he himself has not yet tried such experiments, and that he is not familiar with their results. If, therefore, others have made these experiments, and have been led by them to the discovery of the link between diseases and drugs, and if this link is not a theory but a fact, *their* observation is not injured by *his* doubts ; and I venture to think that, by experiments with a variety of drugs in a variety of doses on healthy persons, such a link has been found. If this be so, science has at length been brought to bear upon therapeutics, and the art of healing may now make material progress.

## II. *Premises doubtful—these may be confirmed by experiment.*

"In scientific, as well as in most other matters, differences of opinion lie deeper than the arguments by which they are supported ; and, possibly, it will turn out



that when I differ from you, it is not so much from the nature or quality of the reasoning, as *from your premisses.*"

These are the words of another thoughtful correspondent. How widely and how deeply true the first part of this paragraph is, will be understood best by those who have thought most upon serious questions. The second part is also clear and bright. It is pleasant in its frank admissions, and it is readily answered as to the way in which the difference between us, which is suggested, can be removed. The difference takes the form of a doubt as to the accuracy of the premisses from which the therapeutic principles advocated in these essays are inductions. These premisses are experiments upon ourselves in health. The reply, which I would fain put into the most courteous and friendly words, is this: If you will repeat the experiments upon yourself and your friends, my firm belief is that the doubt will be exchanged for conviction, and that the difference between us will disappear. It must be remembered that facts are not damaged by doubts, nor destroyed by arguments.

The art of healing the sick is a pursuit of great dignity and benevolence, but it is confessed to have made little progress since the days of Hippocrates. Many attempts have been made, and many are still being made, to bring science to bear upon it, but hitherto without success. This cannot be otherwise while the premisses of the problem are in question. A new method of learning these premisses is proposed; its value is acknowledged by thinking men; yet action is delayed. Notwithstanding, it is evident that in this way, science may be brought to bear upon therapeutics, and the art of healing may make material progress.

III. *Only one side of the truth—but one of the bright sides.*

"You know that I do not regard homœopathy, any more than antipathy, or allopathy, as a system of medicine. All that I think regarding it is, that it presents *one side of the truth.*"

Here is a great admission, by a third correspondent, which calls for recognition—homœopathy presents one side of the truth. Yes, and a bright side, though covered with dust. Antipathy, when joined with homœopathy, is another bright side, though tarnished with rust. The remaining sides called allopathy are dark. Let us see how all this



can be proved. The subject is the use of drugs as medicines: and the problems are two—(1) to learn the true action of drugs on the living human body; and (2) to learn the right way of using them as medicines.

The method of learning the true action of drugs on the living human body has three sides:—Experiments on the sick; experiments on animals; and experiments on ourselves in health. These have been so often discussed already that it will, perhaps, suffice to say here that the last has three advantages over the other two; it is more certain; its evidence is more reliable; and its results are more scientific. Experiments upon persons in health are allowed to be “a most valuable means of forwarding therapeutics;” but it is objected that “it is insufficient of itself for the rational treatment of disease; it must be combined with experiments upon animals, for no observations of the action of drugs on man can enable us to analyse their mode of action.” This, of course, is matter of opinion, and it is the opinion of one who has not, I think, tried experiments upon himself; it is, therefore, an opinion of little value.

The method of learning the right way of using drugs as medicines has also three sides:—Giving them to the sick only; taking them ourselves in health, and in different doses; and afterwards giving them to the sick in these different doses. These sides have also been looked at thoroughly in former essays. The result is that the first ought to be entirely abandoned; and that the two last furnish us with a manner of prescribing which is true, distinct, scientific, and successful. On the last advantage it may be sufficient in this essay, without dwelling upon higher considerations, to quote from Lord Bacon, that “lawyers are judged by skill in pleading, but physicians by success in practice.”

Let it be remembered, then, that allopathy, a convenient word comprehending everything not homœopathic nor antipathic, has been tried among all civilised nations for 2,500 years, and that it has been condemned as a failure by every competent judge. It must follow that the other sides are the only hopeful sides to look at. Let it be further remembered that homœopathy and antipathy are now distinctly defined; that their surfaces are cleared, the one from the dust of vagueness, the other from the rust of ages; so that they may be put to the test of crucial experiments. This being so, it is the bounden duty of every



medical man to take them in hand in this experimental way. Science will thus be brought to bear upon therapeutics, and the art of healing will make material progress.

IV.—*Technical names foolish—they are unavoidable and very useful.*

“As there are many drugs which in small doses will produce an action the contrary of that which they produce in large ones, it is evident that homœopathy and antipathy are one and the same thing as regards drugs, and differ only in dose. The folly of all ‘pathies’ is, therefore, self-evident; and it is equally plain that all those who hold them should acknowledge their mistake.”

This objection is not blown, like the three former, with the soft notes of a silver trumpet; but it shall have all the careful attention which it deserves. First, the admission shall be recognised that *many* drugs have contrary actions in larger and smaller doses. It has been made clear in a former essay, that these are individual facts, and so the statement here made is *empiricism*. When it is seen that *all* drugs have this contrary action, it becomes a general fact, and the statement of this belongs to *science*.

The objection which follows is not clearly stated. How similar action and contrary action can be “one and the same thing” does not appear; but so far from there being now no need of such terms as homœopathy, antipathy, &c., they never before were so definite or so useful. All drugs have in health, as well as in disease, a contrary action in larger and smaller doses; it is useful to give this general fact a name, and it has been called *antipraxy*. Each drug, both in the larger and in the smaller doses, acts upon the same organs or parts of the body, alike in health and in disease; it is very useful that this general fact should also have a word to express it, and this word is *organopathy*. In order to find out the best remedy in every case of illness, the truest way is first to single out the drugs which act where the illness has its seat; then to compare the morbid action going on in the patient with that produced by the larger doses of these drugs in health, till one is found whose action is similar to that in the case in hand; then to give this drug in its smaller doses. These smaller doses of the drug selected are known to act in the contrary direction to the larger ones, and therefore contrary to the diseased or disordered action in the patient. This is the



reason why they are prescribed. Now, certainly, it is useful to give the name of *homœopathy* to the choosing of the like action of the larger doses; and the name of *antipathy* to the choosing of the contrary action of the smaller doses. So there is wisdom and not folly, because there is usefulness and not "vain jangling," in these and such like words; and no mistake has been made by their introduction into medical language. I am an enemy and not a friend to the frequent use of technical words; yet the use of proper names like these must be maintained; for, as expressed by Sir William Hamilton, "it is always expedient to possess a precise name for a precise distinction." Indeed, such technical names are unavoidable and very useful.

From the answers now given to all these objections of the combatants of the old school it appears that science can be brought to bear upon therapeutics, and that the art of healing may be expected to make material progress.

We now turn to the other side.

I. *Prescribing for symptoms——pathology is necessary.*

"Now, do we prescribe for symptoms, or rather I should say, do we take the symptoms of each case as our guide to the choice of the remedy? We do. . . This, however, is a very different thing from ignoring pathology [which Hahnemann did]. We certainly do nothing of the kind; we value this branch of study as highly as any one of the old school can do; we make our examination of the patient as carefully as possible, not only from the subjective symptoms, but from the physical signs present in each case, and we thereby form our *diagnosis* in exactly the same manner and with the same care as any of our brethren of the old school do: but *when we come to treatment we diverge, and not till then.*"

This is clear. Pathology is admitted to be of use for diagnosis, but not for treatment. How surprising! Can our pathological knowledge be so far advanced that it can help us to form an opinion as to the seat of disease, and as to the kind of morbid action going on; and is this knowledge, "the fruit of long study and observation," to be thrown away as useless when we come to that which is of most importance to the patient—the treatment? Then there is little use in a medical profession. A layman "with a book" may do as well as a physician. But it is argued by



this writer that pathology is included in symptoms:—  
“For example, dropsy. This, though spoken of as a disease, is really only a symptom of an already existing disease of the heart, or kidneys, or of anæmia.” Dropsy is *not* a symptom. The swelling without pain, heat, or redness, and the pitting on pressure with the finger, are the symptoms of anasarca; the effusion of serum in the cellular tissue is the pathological condition to which the word dropsy belongs. Dropsy in connection with other diseases may be spoken of as a “sign” of them in the sense explained in Sir Thomas Watson’s lectures; but to call dropsy a symptom is to take away the meaning from an important word. To complete the confusion thus begun we are assured that all pathology is included in symptoms, for it is added with abrupt boldness that “*all morbid alterations of structure are included among the symptoms.*” To write thus is to destroy the meaning of words. I cannot doubt that the writer, for whom I have a sincere regard, will himself see and own this, by-and-by.

The present imperfection of pathology is made a reason for rejecting its services on behalf of the patient. It should rather be a stimulus to endeavours to render it more perfect. It is said also that the facts of pathology are accepted, and only the theories rejected. Then, how unreal to say that only symptoms are prescribed for!

## II. *Local action is in the Organon—pathological local action (Organopathy) is not.*

“With regard to Hahnemann you know quite well that I have never been able to see that the local action of drugs is not contained in the *Organon*. That drugs should have a local action—an elective affinity, as Virchow called it in 1850, for certain tissues—is essential to homœopathy, without the acknowledgment or comprehension of this fact homœopathy never could have existed.”

It is often difficult to prove a negative, but let me try again. To try again has been one of my rules through life. If I fail, my correspondent may be called upon to prove the positive, which is generally the easier task.

The *Organon* consists of 294 paragraphs; were it possible every one of these should be quoted, to show that there is no allusion to the seats of disease or of drug action, except to reject attention to them with vehemence. I appeal to every competent student of Hahnemann for the truth of



this. Two or three short extracts may be safely taken as representative declarations of his teaching, premising the remark that Hahnemann uses the word "symptom" in its legitimate sense:—

"The totality of the symptoms must be the principal, *the sole thing*, the physician has to take note of, in every case of disease." Page 114.

"What else will the old school search for *in the hidden interior* of the organism?" Page 112.

"The curative power of medicines depends on their symptoms similar to the disease." Page 126.

In Hahnemann's eyes the cause of symptoms, whether of diseases or of drugs, is a derangement of "the spiritual self-acting (automatic) vital force," which is "a power *invisible* in itself." Consequently, his *Materia Medica Pura* is simply a record of the symptoms produced by drugs when taken in health. What we call pathology and morbid anatomy he passionately rejected.

Now, of course, these symptoms, whether produced by diseases or by drugs, must exist in some locality. In this sense they are local. Heat, pain, redness, and swelling are symptoms, and if they exist at all must exist in some part of the body; therefore they are local. Symptoms must also have a "local action." Coughing, sneezing, and vomiting are local actions, though not agreeable ones. But the *meaning* of these words, local and local action, in pathology is quite different. The condition of the blood-vessels and the surrounding effusion would be thought about by the pathologist, in spite of Hahnemann, as the causes of the heat, pain, redness, and swelling; and to this internal condition, which to him is the local action, he gives the technical name of inflammation. A pain under the right shoulder blade would be written down by Hahnemann as a symptom; it is local, for it has a locality under the right shoulder blade; and it has a local action, for the pain is a continuous one; but Hahnemann would not trouble himself to enquire where the cause of this pain is seated. The pathologist would probably find its cause in the liver. In like manner a pain under the left shoulder blade may have its cause in the heart; a pain in the knee may have its origin in the hip joint; vomiting may have its cause in the brain; coughs may have their cause seated in several very different organs. In all such cases the local seat of the symptom, and the local seat of the disease



which produced the symptom, are far apart. It may also happen that the two localities are identical; the symptom and the disease producing it may be in the same part of the body, but they themselves are distinct. The confusion of thought with respect to this distinction arises partly from a habit of using words without being careful to have clear ideas attached to them; a habit common enough to make Sydenham say, "with the generality of mankind words are mistaken for things;" and partly from the imperfection of language itself, and the consequent necessity for using the same word in very different meanings. As I know "quite well" that former attempts to make myself understood have not been successful, it will be gratifying to hear that this effort has prospered better, and that my correspondent is now able to see that the local action of drugs in the pathological sense, and to which the name of organopathy has been given, is *not* contained in the *Organon*. If I have failed again, he must show me where it is contained in that famous book.

The second part of the paragraph, "that drugs should have a local action," &c., does not form part of the question. What may be seen or thought to be "essential to homœopathy" now, cannot tell us what Hahnemann saw or thought half a century ago. My thoughts, I am sorry to say, have not had the benefit of Virchow, but we are not helped towards knowing what Hahnemann wrote in his *Organon* by being told what Virchow said in 1850, seven years after the death of Hahnemann. It is obvious that the question, "What is contained in the *Organon*?" cannot be answered by arguments like these.

Similarity cannot deal with the *seat* of disease. For a drug to act upon a disease, its seat of action must be the *same*. Similarity is necessarily confined to the *kind* of disease in the structure, or of disorder in the functions, of the several organs. This seems to me to be so plain as to be undeniable. Seat, in its pathological meaning, belongs to organopathy. Hahnemann did not see this seat; and had he seen it, he could not have included it in homœopathy. Even my correspondent cannot now include it in that word. Organopathy and homœopathy are distinct branches of knowledge; and the latter cannot become a science until it is founded upon the former.



While this essay is printing, the following has been written to me:—"Though the master ignored pathology and pathological anatomy, he recognised organopathy indirectly. He studied symptoms, and symptoms indicate seat." This is only a quibble. Hahnemann took no notice of seat; he was ignorant of it; its being there, though indicated, was of no more use than is gold in the mountain, though indicated by quartz on the surface, until some one actually discovers it. Moreover, as already explained, the seat of disease and the seat of drug-action, as guides for prescribing, are not to be similar, but the same; and this cannot without extravagance be called homœopathy.

### III. *Prescribing the simile—a flaw in the reasoning.*

"A disease with a certain train of symptoms is cured by a drug which produces a similar train of symptoms when given to a healthy individual. This practical rule of therapeutics . . . is an empirical generalisation . . . and hitherto no rational theory of it has been attempted, or if attempted, no satisfactory explanation . . . has as yet been adopted."

This definition is in accordance with that of Hahnemann. The similarity is between the symptoms of the disease and the symptoms of the drug. It is, as is stated, an empirical generalisation; and it is quite true that all attempts to give a theoretical explanation of it have failed.

But, in order that all the facts which belong to the proving of drugs in health, and the prescribing of them successfully in disease, may admit of being classed under the name of homœopathy, which means that the cures are such by similarity of action—*likes curing likes*—one essential element is wanting. To justify this view, not only should the drug be the same which is given as the remedy in diseases which are like those which it produces when it is taken in health, but the *dose* should be the same. If similarity of action cures, why is "the 1-20th of a grain of apomorphia" given to produce vomiting, and "the thousandth part of a grain" given to cure vomiting? The experiments are not parallel. They differ in the material element of quantity. The reasoning has a flaw in it, and the conclusion, *similia similibus curantur*, is vitiated.

It is *not* the similar, but the contrary action, which cures. This is proved by experiments with small doses in health.



So that though the empirical generalisation of Hahnemann has not been, and cannot be, satisfactorily explained by any *theory*, the fact of the contrary action of the larger and smaller doses of drugs in health, and to which the name of antipraxy has been given, is a perfect explanation. This fact reduces the generalisation to very much smaller dimensions, but it removes it from the field of empiricism to that of science.

The writer to whom this is a reply will, I am sure, thank me for calling his attention to this defect in his reasoning, and also to the fact that the similarity to be sought for is not in the symptoms, but in the pathological condition—the kind of action—which is the cause of the symptoms, and which belongs to the larger doses of the drug. I repeat that if symptoms only are to be compared with symptoms, there is no need for a medical profession.

Before taking leave of this writer a few words must be said on the argument from analogy. Analogies are not proofs. Much use, however, has been made of supposed analogous phenomena as corroborative arguments on the side of homœopathy. Some of these are good, others are faulty. Among the latest which have been brought to my notice is the following (in an abridged form):—

“ I shall take the flame of a lamp in its ordinary healthy condition. I shall show you the same flame suffering from disease. We will seek for a *simillimum*, and we shall see the flame cured. Here is a lamp and a spectroscope. If we unravel a ray of the light when burning with a clear, steady, white, healthy flame, we shall obtain a bright continuous spectrum, with no marked transverse lines. Suppose the light to become smoky, flickering, and unpleasant, with a yellow tint. The spectroscope will now show two brilliant and yellow lines athwart a faint spectrum. We try to find an agent which will *cause* a similar symptom. We find soda will do this. We introduce into the yellow flame some vapour of sodium. The disagreeable colour disappears; and the two lines disappear in the spectroscope. This phenomenon is a most beautiful example of *strictly homœopathic action*.”

I do not wish to mar the beauty of the experiments, but it is necessary to deny the conclusion. Before it can be shown that there is any but a halting analogy between these experiments and experiments with drugs on healthy and sick persons, the relations of *quantity* must be known. If



the vapour of sodium produces the yellow lines in pure flame, and blots them out when they have been produced by other causes, it must be ascertained that it does the first in a larger quantity, and the second in a smaller quantity, or the analogy is imperfect.

IV. *Contrary action is objected to—the objections are not applicable.*

“So far as the blood-pressure is concerned, minimum doses of *digitalis* and also of *aconite* increase it; while maximum doses constantly diminish it. . . . In poisoning by *aconitine*, Böhm has demonstrated that the blood-pressure is increased at the outset, but later on is found to be constantly lowered. . . . I very much distrust the results derived from experiments with the minimum dose on one's own person; there is too much unconscious cerebration in connection with one's personal knowledge of the drug in question to make the result reliable.”

These three sentences, possibly by an error of “unconscious cerebration,” are very wide of the mark. (1) I have never mentioned minimum and maximum doses except to say that they are outside my experiments. (2) The experiments referred to by this correspondent were made, I believe, on the lower animals. It is well known that I have repudiated all such experiments. (3) My experiments, as a series, were not all upon myself, some were upon persons who did not know what they were taking, or what effects were likely to be produced.

It seems necessary to repeat once more what has been said on this subject in former essays:—

1. A series, range, or group of larger doses of each drug have one action in a certain direction.

2. A series of smaller doses have also one action on the same organs, but in the contrary direction. This contrary action has been called *Antipraxy*.

3. A series of intermediate doses which have both these actions. This double action has been called *Dipraxy*.

4. There are doses above and below, bigger and less than these, of which nothing has been said.

It is not doubting, nor distrusting, but repeating the experiments which is required.

Thus we have seen that “the old school” works empirically with individual facts; and makes no progress



because science has not been brought to bear upon this empiricism. And that "the new school" works with an empirical generalisation; and will make no *further* progress, until it sees and admits that science may be brought to bear upon this, and change the empirical *similia similibus* into the scientific *contraria contrariis curantur*.

Rugby, Dec. 31, 1879.

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## ON THE USES AND ACTION OF ALCOHOL.

By D. AINLEY, Esq.

In the March (1879) number of the *Review*, an article appeared under the above heading from the pen of Dr. Pope, one of the editors. As I do not suppose that that article contains the opinions of some of our leading men on the subject, I have looked for six months to see what one or more would say, but, up to now, all have been silent. This silence may be set down either to acquiescence or to indifference, but I am strongly of opinion the latter is the true cause. When the "stars," therefore, refuse to shine, one of the "lesser lights" may justifiably attempt to twinkle in the surrounding darkness.

I have no doubt that the article in question enunciates the views of many, perhaps a large majority of our school, but there is said to be two sides to every question, and to this at least half a dozen sides and more may be seen, by those who have read contemporary literature; indeed, I should think that the public mind must be in a terribly confused and muddled condition, and the most thoughtful portion of it must come away from such perusal with the half-despairing cry of one of old, "Who will show us any good?" or of another when he enquired, "What is truth?"

Before I proceed to details, allow me to make a few general observations. I should suppose that the idea of writing the article arose from the series of articles and essays which have so recently appeared, and especially those in the *Contemporary Review*, to which allusion is made; but I think those of your readers, who have read those articles, will agree with me that they were evidently written and published to interest the general reader in, at present, a popular subject, rather than to establish a scientific or even a rational basis of the uses of alcohol. Their tone



was pre-eminently apologetic. They dare not go the length of Dr. Todd on the one hand, nor of Dr. Richardson on the other. The former was condemned by most leading men, the latter was only espoused by enthusiasts or fanatics; so as the writers are men in active practice in the metropolis, where neither extreme would be prudent they adopt a middle, which may also be termed a safe course, and recommend moderation.

Furthermore, in reading over the article in the *Review*, I was struck with the quotations. The major part of these are from men (Drs. Smith, Marcet, and C. C. Bernard) who wrote twenty years ago, and some much earlier, and no reference whatever is made to the more recent experiments of Dr. B. W. Richardson, as given by him in his "Cantor Lectures" for 1875. In such sciences as physiology and chemistry, twenty years may, and indeed have in some periods made a complete revolution. I need not give examples—numbers will occur to most of your readers; and I think in respect to an agent which has been so recently and so thoroughly examined, whose nature and action is now so publicly discussed by both lay and professional men, that the latest, completest, and most accurate utterances should not be ignored.

In the first place with regard to the subject of hæmorrhage. On page 145 Dr. Pope says, "In cases of sudden exhaustion from hæmorrhage with approaching faintness and impending death, who has not witnessed the stimulating effects of alcohol? True, we have to contend with the subsequent depressing influence which it inevitably exerts; but that, after all, is a small matter in such cases. I remember giving a lady, who had all her life (and she was sixty years of age at the time) been a rigid teetotaler, a bottle of brandy a day for more than a week, to meet the faintness arising from hæmorrhage, caused by a fungus hæmatodes uteri." He also says he has frequently given it in *post-partum* hæmorrhage. A short time ago I saw an account of a case of *post-partum* hæmorrhage in which Sir James Paget and Dr. Richardson were in attendance, and both decided that brandy was entirely inadmissible. Let us see how this is so. Hæmorrhage may arise from two causes—the state of the blood-vessels or the state of the blood. Purpura is an example of the latter. In *post-partum* hæmorrhage we have a large bleeding surface with *relaxed* blood-vessels. Now, any agent whose action will



modify or destroy the tonicity of the blood-vessels and keep them in a relaxed condition promotes the hæmorrhage, and this we are told is the special action of alcohol. Dr. Richardson says ("Cantor Lectures" No. 3), "Keep in mind the two nervous systems, and add to the remembrance this one additional fact that all the minute blood-vessels at the extremities of the circulation are under the control of the primary or organic nervous supply. Branches of nerves from these organic centres accompany every arterial vessel throughout the body to its termination, and without direction from our will regulate the contraction and dilatation of the blood-vessels to their most refined distribution. This fact was suspected by the older anatomists, but it remained for modern research to make it a demonstration. Thus it has now been proved that if the organic nervous supply of a part of the minute circulation be cut off by division of the organic nerve feeding that part, the vessels become paralysed, and this is exactly the effect of the agent now under consideration. By this influence it produces all those peculiar effects which in everyday life are so frequently illustrated. It paralyses the minute blood-vessels and allows them to become dilated with the flowing blood."

But not only is the hæmorrhage greatly favoured by this paralysis of the vaso-motor nerves, but also by the increased action of the heart. This, indeed, naturally and inevitably follows. Dr. Richardson says on this point, in the same lecture: "The action of the alcohol extending so far does not stop there. With the disturbance of power in the extreme vessels, more disturbance is set up in other organs, and the first organ that shares in it is the heart. With each beat of the heart a certain degree of resistance is offered by the vessels when their nervous supply is perfect, and the stroke of the heart is moderated in respect both to tension and to time. But when the vessels are rendered relaxed the resistance is removed, the heart begins to run quicker, like a watch from which the pallets have been removed, and the heart-stroke, losing nothing in force, is greatly increased in frequency, with a weakened recoil stroke." Thus, these two conditions, the relaxed blood-vessels and the increased *vis a tergo*, constitute the two most favourable factors in the production of hæmorrhage. As Dr. Pope gives a case in which he gave brandy, may I give one in which I withheld it. Some time ago I was sent for



into the country, where I found a midwife with a case of *post-partum* hæmorrhage, it was still going on, the patient was blanched and cold, and was having brandy every few minutes, cold wet cloths were also applied to the hypogastrium. I at once stopped the stimulant and mixed half-a-pint as follows: three-fourths of Liebig's strong extract of beef (which I am not fond of, and only use in emergencies, and had taken with me) and one-fourth of ammoniated extract of ergot; one teaspoonful every three or four minutes. In less than an hour the patient was out of danger. The hæmorrhage controlled, warmth restored, and, barring accidents, on the high road to recovery.

We come now to the remarks on the action of alcohol on the nervous system. Quite a number of authorities are quoted who agree in the main, that where mental work is constant and excessive, and especially if there is "worry" along with it, that alcohol is beneficial. But none of these authorities give a scientific explanation *how* this is done, in fact it never has been given. The *modus operandi* is not known, yet on page 147 we read "that it soothes a worried nervous system," nay, more, that it "specifically restores that portion of nerve tissue, the injury to which is the result of worry." May we ask, was it ever discovered what portion of the nerves was affected by worry? Even fatal results will follow upon certain so-called nervous disorders, or a diseased nervous system, without the slightest trace of such disease being found on *post-mortem* examination. How, then, can we prescribe a remedy for an unknown condition. No doubt there are certain subjective symptoms which a person feels, and which are expressed by the terms "sinking," "exhaustion," "prostration," and so forth, all of which are removed almost instantly by the taking of alcohol; but those who resort to this method themselves confess that such a relief is short-lived, it cannot therefore in any true sense be called curative. As Sir William Gull is quoted, I will do the same, giving the whole of the quotation. Before the House of Lords' Committee on Intemperance. Question 9,993, by the Archbishop of York: Before we leave that part of the subject of alcohol as a drug, is there anything you would wish to add to that part of the subject? *Ans.*—The same thing would have to be said of it as regards its daily use. I think there are conditions of the system, under fatigue and exhaustion, where alcohol might be useful, where the



nervous system might perhaps be deadened, if I may say so, or that alteration made in it which was requisite : but that is a very complicated question, and one on which I do not pretend to give a theory. But though you may beneficially use alcohol in moderation, at the same time I very much doubt whether there are not some sorts of food which might very well take its place. I think that instead of flying to alcohol, as many people do when they are exhausted, they might very well drink water, or they might very well take food, and would be very much the better without the alcohol.

*Ques.* 9,994. What forms of food would come nearest to the place of it, in the case of a man fatigued with overwork ?

*Ans.* If I am fatigued with overwork, personally, my food is very simple. I eat the raisins instead of taking the wine. I have had very large experience in that practice for 30 years.

*Ques.* 9,995. Is that the result of your own personal experience or have you heard it from others ?

*Ans.* It is my own personal experience, and I have recommended it to my personal friends. It is a limited experience, but I believe it is a very good and true experience.

If a man on a long journey, or working in the land, or by any physical labour gets thoroughly tired, he would never dream of taking alcohol to relieve him ; his tired muscles would want to lie down and rest, and in this view Young commences his "Night Thoughts :"—

"Tired Nature's sweet restorer, balmy sleep."

And depend upon it, this, and not alcohol is the great natural restorer of the jaded, worried, and exhausted nervous system. Dr. Brunton, on page 148, seems to have caught the same truth. He says : "In young men, a short interval of rest, between fatiguing exertion and a succeeding meal, will enable the stomach to regain its power, and alcohol is then unnecessary. If rest will recoup the stomach, *à fortiori* will it invigorate the nervous system ?"

There seems to be a uniform consensus of opinion with all these writers who advocate the moderate use of alcohol, that for the *young* it is entirely unnecessary. Dr. Pope says : "For children and young persons of both sexes it is not only unnecessary but injurious, save under exceptional



circumstances or in diseases calling for it." Dr. Garrod says: "During the growth of the body, while the function of nutrition is in a state of great activity, there is no need for its employment." Now, it appears to me that if occupations making a large demand on the brain are those requiring alcohol especially, then children and young persons now require it, for the amount of brain forcing among young persons at our schools has got to a terrible pitch, and yet none of the alcohol advocates ever hint at prescribing it to meet such conditions, and if I were to hazard a reason why, I should say it was because public opinion was against them.

That alcohol is no brain pabulum we have the repeated, and repeatedly strengthening assertions of many public brain-working men, such as Canons Farrar and Wilberforce, Dr. Richardson, and others who have a double experience, and they tell us that they are able to do more brain work as total abstainers than they were as moderate drinkers, and with much less fatigue.

The danger of prescribing alcohol is very apparent when you come to the dose. Medical men all agree that not so much should be taken as will produce certain well known effects, such as flushing of the face, quickening of the pulse and subsequent thirst, but the doctors do not and cannot agree as to what quantity will just stop short of these effects. Dr. Garrod says in 24 hours this should be half a bottle of claret of good quality, or a little less than one ounce of absolute alcohol. Dr. Bernays finds three or four brandied cherries fulfil all the indications. Mr. Brudenell Carter is satisfied with half a wineglassful of whiskey. Dr. Kidd advises three tablespoonfuls of brandy, two glasses of port or sherry, or twice as much hock, while Dr. Radcliffe considers the dose is exceeded if it goes beyond "balancing, calming, comforting one." If there are certain well-defined symptoms demanding the use of alcohol, why is not the amount fixed as we find in drugs, ranging from a minimum to a maximum dose? No other medicinal agent is spoken of in this slipshod fashion, and it may be, because of this prescription *ad libitum*, moderation has quickly grown into abuse, and for this I fear medical men are more to blame than they are willing to admit.

After so much blame, allow me now a few words of praise. Several statements in the article please me very



much, as the following, page 149: "The seductive nature of alcohol alone should make us insist on withholding it from the young. There is nothing more dangerous, and yet few things are more easily accomplished than creating a taste for wine or beer. This unfortunate taste is acquired in the larger proportion of cases before the age of 25." And again, page 150. "There is yet one other class of persons from whom alcohol should be withheld at all cost. I refer to those who, having at one period of life given way to habitual excess in alcoholic drinking, have by total abstinence, succeeded in losing their appetite for the seductive fluid. To them alcohol has become a poison under any and all circumstances, and, save as a stimulant where life is threatened, for them it ought never to be prescribed; better far that they should endure the fatigue, consequent on excessive exertion, than that they should seek to repair the nerve tissue by a remedy, the craving for which is certain to return with every fresh indulgence, however slight." How anyone can write such undeniable truths as the foregoing, and prescribe alcohol, is to me a profound mystery. The epithet twice used—"seductive"—is the key to the entire and uttermost range of this baneful beverage. No other term so fitly expresses it. It seduces, betrays, falsifies. The *young* are seduced by it from inexperience, and from a natural desire to copy their elders and superiors. The middle-aged are seduced by it from a constantly and insidiously growing appetite, which they are ever going to restrain and never succeed. And the aged *know* they are seduced by it, for now that they are old and grey-headed they have proved the falsity of all its promises. But most of all are seduced by it in consequence of the doctors' prescription. I believe that thousands have been made drunkards by the drinking example of clergymen and ministers, but tens of thousands by medical advice, and of all men in the world we ought to know the bewitching influence of alcohol, not only as physiologists, but as observant medical men, who never a week, scarce a day, passes, without bringing into our consulting rooms stranded spars of human wrecks. For the sake of humanity let us sever our connection with this evil spirit and become co-workers with the noble, disinterested band, happily fast increasing, who are striving might and main to bring down the wide-spread deadly upas tree.

Halifax, October 17, 1879.



## NOTE BY ALFRED C. POPE, M.D.

My friend, Mr. Ainley, appears to be so deeply impressed with the terrible devastation—social, moral and physical—wrought by the abuse of alcohol that he would seem to have lost the power of calmly considering whether it has any virtue. Opium is a drug which has slain its thousands by their abuse of it, and the facility with which the hypodermic syringe allows of its administration is to-day rapidly increasing the number of those who yield to its “seductive” influences. Operating differently on the nervous system, the evil it engenders is less known, less obvious at the police court, than that produced by alcohol, but it is none the less present amongst us. Are we then to withhold opium from our patients? Are we to pledge ourselves never to use it when congestive states of the brain, with torpor and drowsiness, seem to shadow forth an impending attack of apoplexy? Is it never to be given when constipation exists? Because a drug is abused by thousands are we to refuse to regard it as a remedy where a condition similar to that it will produce is present? Surely not. It is just because alcohol does give rise to a condition very similar to the effects of worry and overwork upon the nervous system that I believe it is the remedy in such cases; and I believe that experience has justified the *a priori* conclusion. It does not simulate, in its influence on the body, the consequences of muscular fatigue, and therefore we have no reason to suppose that it would do good in such instances—neither does it.

We may not be able to point to the exact portion of brain tissue which is unduly strained, in which retrograde metamorphosis is taking place more rapidly than repair can keep pace with, but if it is possible to draw any conclusions as to the pathological process which is taking place from the symptoms of such cases, we cannot but infer that too rapid and retrograde metamorphosis is present. This state may, I believe, be held in check by the use of small quantities of alcohol.

I do not say that sleep would not be a better remedy were it attainable in a sufficient degree. But unfortunately sleeplessness, or a restless unrefreshing sleep, is just one of the most distressing symptoms of this class of cases, a symptom it is often sought to relieve by *morphia*, by *chloral* or the *bromide of potassium*—drugs which, in such cases, do, in many, many instances, irreparable mischief. Again, while sleep will reinvigorate a nervous system which has been put to a moderate test, and in young persons especially, it will not do so alone when mental work and worry are in excess of that which a man is physically constituted to endure. It is true one should not expose oneself to more mental work or worry than one can endure, but unhappily it is not in our power to restrict ourselves at all times, nor indeed often at any time.



In hæmorrhage the value of the alcoholic stimulant has been tested too frequently to have its value in sustaining vital power, during the process, negatived by any amount of physiological speculation, even though it be so ingenious as that of Dr. W. B. Richardson's. Whatever its *modus operandi* in such cases may be, it is in them a palliative of well-proven virtue. It does not cure; nothing will do that but the removal of the cause of the hæmorrhage, but it enables us to keep the flagging heart from stopping altogether, while specific and more direct measures are being employed to stay the hæmorrhage.

Mr. Ainley attributes the fact that I and others denounce the use of alcohol by children and young persons to a contrary recommendation being likely to bring "public opinion" against us. This is too commonly the style of the teetotal advocate. He cannot see that alcohol is capable of effecting any good—therefore it does not; and hence, anyone who thinks it useful, and says so, must be influenced by some impure motive! So far as I am concerned (and I feel tolerably sure that the same may be said of all writers on the use of alcohol) the thought of what "the public" would say never entered into my calculations. All I endeavoured to do was to state what I believed to be true. That children and young persons should not require alcohol under the same circumstances as their seniors finds its explanation in the fact that in them repair of nerve-waste is so much more rapid than it is later in life. Further, the present cramming system which Mr. Ainley so justly describes as "terrible" is not a necessity, but is one which will work its own cure, though not, it is to be feared, without the sacrifice of many lives to the ignorance, obstinacy and vanity of teachers (especially women) and parents. In children, then, the need for the use of alcohol ought not to exist; there is no good or sufficient reason why it should exist.

On the question of dose, Mr. Ainley writes as though it had been recommended by the *Contemporary Review* writers *ad libitum*! There is, perhaps, no question on which there is a greater difference of opinion than on that of dose. One physician, for example, will prescribe *aconite* in drop doses of the mother tincture, while another will never give more than a portion of a drop of the 200th dilution, and perhaps do that with fear and trembling lest some symptoms of poisoning should arise! With alcohol, when given in states of nerve exhaustion, the dose should be small and gauged solely by the condition of the patient. What to one man is a small dose of alcohol, to another is a very large one; hence individualisation in the matter of dose is of importance.

The conclusion I arrived at many years ago, when studying this question with the view of reading a paper upon it before the British Homœopathic Society in 1863 or 1864, has been



abundantly confirmed by practical experience since : it was that as a remedy in conditions similar to those it will excite alcohol is a valuable medicine, that as a palliative in hæmorrhage its importance has been too well and too long sustained to admit of doubt ; while that its habitual use in ordinary health by persons leading quiet uneventful lives is not only unnecessary, but injurious.

That it is daily abused by millions is no sufficient reason for excluding it from our list of remedial agents.

## ACCIDENTAL MEDICINAL AGGRAVATIONS AND PROVINGS.

BY DR. HARMAR SMITH.

### I. *Bryonia*, *Aconite*, and *Arsenicum*.

Mrs. S., Ramsgate, æt. 72, very hale and vigorous in spite of her age, although the heart's impulse is defective.

May 6th, 1879. Found her suffering from bronchial catarrh. Cough very troublesome, but very little expectoration. *Bryonia* (1x) 1 drop every two hours.

8th. Pleuritic pains since yesterday, for which she had applied a mustard poultice without relief. I was not yet aware of her extreme susceptibility to medicinal aggravation, but discontinued the *bryonia*, which was no doubt the exciting cause of the pleuritic symptoms, and gave *aconite* (1x) four drops every two hours.

9th. The pleuritic pain nearly gone, but all the symptoms of an overdose of *aconite* ; hot skin ; rapid pulse. Alternations of heat and cold, &c. Not being aware of what I was giving her, she had been taking *aconite* in a high dilution, to obtain relief, in alternation with the medicine I had prescribed. I of course discontinued the *aconite*.

12th. Pleuritic and febrile symptoms gone, also bronchial symptoms almost disappeared ; but twice in the twenty-four hours has a violent paroxysm of spasmodic cough, which lasts several minutes, loud and expulsive. *Ipecac.* (3) a fraction of a drop every two or three hours.

14th. No return of the spasmodic cough since she began to take the *ipecac.*, an effect of the medicine, with which she was very much impressed, so that now the little breach in her confidence, which the medicinal aggravations



had caused, was fully made up. She was soon after perfectly convalescent.

Aug. 16th. I was called to attend the same lady for a severe attack of catarrhal ophthalmia, with chemosis, photophobia, &c. I applied a weak *belladonna* lotion for the first day or two, and prescribed a fraction of a drop of *arsenicum* (3) every three or four hours.

21st. Great and progressive improvement in the symptoms, but notices that she has an attack of chilliness, similar to the cold fit of ague after each dose of the *arsenicum*. Omit *arsenicum* (3), and take *arsenicum* (13).

Aug. 23rd. The *arsenicum* (13) produces the same symptoms in a less degree as No. 3, viz., chilliness proceeding from the trunk of the body down the arms and legs. She does not know that she is taking the same medicine as before. The ophthalmia now quite well. Discharged cured.

## II. *Rhus*.

Dec. 11th, 1879. Mrs. S., Ramsgate, æt. 57, sanguine temperament. Has been taking three or four drops of *rhus* (1x) every four hours for several days, for sub-acute rheumatism of hip. She is generally little susceptible to the action of medicinal agents, hence the dose I gave her. After taking the *rhus* for a few days the rheumatic symptoms were considerably relieved, but she began to suffer from an affection to which she is not at all subject, without apparent cause, viz., dysenteric diarrhœa, with tenesmus. She had frequent discharge of watery mucus, with great urging and coming on suddenly, so that several times she was not able to reach the w.c. in time. The discharge was perfectly colourless, though it stiffened the linen. Diagnosing the rectum as the seat of the affection, I prescribed *podophyllum*, a drop of 2x for a dose. The affection, however, continuing for about twenty-four hours, without the least abatement, I suspected that the *rhus* was the exciting cause, which an examination of the provings of this medicine fully confirmed. (She had not taken it after beginning to take the *podophyllum*). I now gave *camphor* as an antidote to the *rhus*, the first two doses of two drops of 1-5 seemed to produce no effect, but the third dose of eight drops produced immediate and complete relief.



III. *Opium*.

Mrs. S., Margate, æt. 80. A few days ago took several globules of *opium* (3) for constipation. This caused great excitability and restlessness, and complete sleeplessness, and increased the paralysis agitans to which she is subject. These symptoms had not entirely ceased when I visited her some days subsequently.

22, Augusta Road, Ramsgate,  
Dec. 18th, 1879.

## A CASE OF MISCARRIAGE.

By S. H. BLAKE, M.R.C.S., Liverpool.

PATIENT æt. 40, in bed with considerable hæmorrhage and pains. In the vessel, together with a good many clots, one may perceive a pale membrane. In her former miscarriages, three in number, and subsequent to a large family, the pains were obsolete and the ovum had been extruded nearly complete, or capable of removal from the cervix by forceps.

The cervix is dilated to the size of a shilling and is stuffed with clots and with what feels like disintegrated membranes, but the latter break down or do not form any sufficient hold for complete removal if seized with the forceps. Gave *secale*  $\phi$  gtts. v. every hour.

The next day find that as soon as medication was commenced all evulsive action on the part of the uterus ceased, and the pains stopped same time.

Next *china*  $\phi$  was given; but in the course of two days, no material quantity of discharge coming and no so-called contractile action being roused in the uterus, if indeed such an event be at all needed in retention of the secundines, and the discharges having become exceedingly fetid, I made a more complete removal of clots and the disintegrated uterine contents, but found no solid substance more than may be perceived in membranes or fibrinous clots.

The speculum showed no visible ulceration of the external cervix or os uteri, but the dirty looking blackened clots projected from between the lips of that orifice. This woman is rather plethoric but of a relaxed and flabby condition, increased by a large family and much fatigue. The miscarriage being rather earlier than in former in-



stances is apparently between the second and the third month. Formerly the ovum, extruded with considerable hæmorrhage and but little pain, into the cervix, had been removed on those occasions entire or nearly so with a good result. *Sabina* had then acted well. This medicine is said by some to be distinguished from *secale* as to its indications under such conditions by the absence of pain (*sabina*), presence of pain (*secale*).

However, some fetid discharge continued, sanguineous, but brown from the particles of débris, and under *arsen. β* all went well for a day or two. The discharge hourly became less, the fetor lessened, the cervix and os slowly closed, and although loss of appetite, with a weak pulse, lumbar aching and sacral "opening and shutting" remained, the patient seemed to be doing well. But on the tenth day of the miscarriage suddenly with a chill, severe rheumatoid symptoms set in, with great pain in the shoulders, both knee joints, flesh of calves and other parts, she being in great distress and the pains intensely aggravated by the least movement. Joints tender to pressure and considerable elevation of temperature. *Bryonia*  $\phi$  gtti. every hour. Patient between blankets, joints wrapped in cotton wool. In twenty-four hours all symptoms subsided—no suffering now. It was thus explained. A great and critical sweating had occurred during the night; the perspiration streamed off the patient although not packed with extra bedclothes, and with it a simultaneous relief to all the symptoms, the joints being now well and the sanguineous discharge having returned, yet not copious and with very little fetor. Repeat *bryonia*  $\phi$  3tis hor.

Twelfth day, still continues to improve, discharge very slight, doing well in every way. *Ars. β*.

Remarks.—These cases are interesting, always require close attention, often various in their pathological and mechanical processes, are sometimes critical and occasionally very serious.

It is therefore of the highest importance for the mind to be satisfied as to the efficiency of the treatment to be employed, whether homœopathic or otherwise, and for the conscience of the practitioner to be at rest as to the result of his labours.

Among the lessons to be drawn from such a case one may observe that a rapid and complete ejection of



the entire foetus and membrane, frequent as it is in abortion, is not absolutely necessary for a good and tolerably easy recovery; on the contrary, by the exercise of patience during the gradual disintegration of the secundines under medication suited to lessen the hæmorrhage and meet the general symptoms, including the condition of the blood, aided by rest and sometimes by careful mechanical removal of offending matter, a satisfactory and complete withdrawal of the disorganised material may take place, and all this in no very considerable time. And further that loss of appetite, constitutional disturbance and pyrexia may in general be met by complete rest and a suitable homœopathic prescription.

This at least is some relief to the anxious mind of the medical attendant. Again, among the very great number of medicines indicated for miscarriage generally, it is gratifying to be able to select remedies from among those better known to us than others, which are effectual in bringing such a case to a successful issue.

The action of *secale*  $\phi$  in the first instance, and *bryonia*  $\phi$  in the second, is not a little remarkable in showing us the almost universal scope of application of similia to pathological processes, and there appears no better or more conclusive proof of the great extent of applicability of this rule of prescription than the obedience of diseases even to such low dilutions as the mother tinctures.

No tampon was used in this case.

In reference to *bryonia* it has been before noticed that under certain conditions this drug disposes to a return or increase of menstrual discharge when absent or scanty, particularly in plethoric women with gastro-hepatic symptoms indicating *bryonia*.

Here is a case. Miss Mc. — æt. 25, of good ruddy plethoric colour and lively appearance, dark hair, has taken cod oil, *fer. et quin.*, *actæa rac.* and *iod. pot.* in mixture, *aloes* and *kali brom*, and is no better (under former doctor).

Her symptoms are a fulness of stomach after meals, aching pain in lumbar region with exhaustion, pain in epigastrium and left side. Is subject to flushing, and headache, with shooting to the vertex. Bowels confined, and the catamenia have been for months getting less and are now very scanty. She is in a state of general hyperæsthesia. *Bryonia* 1st dec. removed all symptoms in three weeks, the catamenia becoming much more copious at the ensuing



period and the patient continued well. She had suffered for a year previously.

In another critical case of hæmorrhage in pregnancy occurring about the eighth month, one may speak of the value of *caulophyllum*  $\phi$ . Here very copious loss set in day and night, with an alarming hæmorrhage in gushes on two separate nights. In the beginning there were labour-like pains, but examination revealed no dilatation of the cervix whatever, the blood flowing through the narrow cervical canal which was very high up on the sacrum. These symptoms were subdued promptly, and in a week reduced to a minimum ("slight show") by complete recumbency and *caulophyllum*  $\phi$ . (This drug acts on the entire muscular structure of the uterus). The woman went to full term, labour occurring about a month after the hæmorrhage, terminating in four hours, with a living child, but with it were discharged large and consolidated clots which had been impacted for some time and a placenta in part putrid and disorganised. The hæmorrhage had taken place between the after-birth and its environments. The patient did well and child lived. No tampon was used in this case.

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### PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Continued from page 47.

Dec. 22nd. Appears much worse this morning. Many fresh vesications have formed in forehead; the redness has extended much further, and the whole face is much swollen and bloated; one large blotch has formed on left side of forehead, the size of a horse-bean, containing a dirty-coloured serum, tinged with blood. Urine and other discharges generally passed involuntary, but she is not unconscious, and is able to give collected answers, though she was delirious during the night, and now appears in a state of great prostration; bowels relaxed; a small quantity of urine has been saved, which has a dark muddy appearance, and very offensive smell. Tongue quite dry, protruded feebly and tremulously. Still much troubled with phlegm in the throat, which she cannot expectorate. Excessive tenderness of the whole surface. A very offensive odour arises from her body, and from the bed impregnated



with the discharges. Ordered *nitric* and *hydrochloric acid*; an enema of *sulphate of copper* and *opium*; and a vaginal injection of *liquor sodæ chlorinatæ*.

Dec. 23rd. Delirious again during the night; seems decidedly worse this morning. The inflammation on face has extended; numerous blebs, containing sero-purulent fluid, are formed on face, chest, and legs; also numerous pustules containing thick matter. One large bulla on side of face contains a dirty brown serum, and is surrounded by an irregular margin of livid redness. One phlyctena, of similar appearance, has formed on left little toe, which is generally red. Pulse 158, more feeble than yesterday.

Dec. 24th. Much worse; scalp has assumed a dark livid colour, extending to forehead and nose, and numerous large phlyctenæ, vesicles, and pustules, some of considerable size, are formed on these parts. She is exceedingly depressed; voice feeble, husky, and indistinct. Evacuations passed involuntary, and extremely foetid. Pulse very weak, rapid, and indistinct.

Dec. 25th. Delirious during night, and screamed and raved, apparently in much agony. Died about 10 a.m.

*Post mortem*, in 52 hours. Surface of body marked with scattered pustules, not surrounded by any redness (though there had been a narrow red areola during life), but some having a sort of areola of a colour paler than the rest of the skin, and with an irregular margin. Some of the larger ones being opened, a considerable quantity of very thick, opaque, dirty-white matter was discharged. On left little toe was a large vesicle (surrounded by much livid redness), containing a dirty sero-purulent fluid. Below the knee were some brownish flat swellings; during life these were hard, and of a redder colour (being the spots described as resembling erythema nodosum); they now felt soft, and on opening one it was found to contain a thick purulent-like matter. Around the wrists, especially of right hand, was the diffused redness of the inflammation described in the report, but having now assumed a dark purple colour. The face and head were horribly disfigured by the swelling and discolouration, interspersed with vesications and pustules. On opening the body a very bad foetor arose from the interior. The blood was generally in a very liquid state. A few shreds of lymph, of considerable firmness, were found on surface of base of each lung, apparently the result of inflammation. Each lung was congested posteriorly, and



rather more lacerable than usual. The bronchial lining was slightly congested. On posterior aspect of *right* lung a thin layer of soft bloody lymph was spread over surface of pleura in a patch, corresponding with the most congested part of lung. Towards the apex were one or two small pale grey consolidations, quite limited, and seated deeply in the substance of lung, sufficiently dense to sink in water when removed, but soft enough to break down between the fingers. The *left* lung presented a similar appearance to the right, but was still more congested posteriorly. Towards the apex was a cluster of small consolidations similar to those in right lung. In addition to these were one or two masses about the size of a pea, which felt firm, though readily broken down; these latter were more deeply coloured with blood; two similar masses were found towards base of same lung, and a small gritty concretion of a dark colour. These consolidations were much softer than those of common tubercle, and were most probably of recent formation. The right lobe of liver seemed proportionately larger than usual, and was rather congested with blood. The convex surface was marked with streaks of a paler colour, corresponding with the pressure of the ribs. The texture was so fragile as to tear in the removal. The gall-bladder contained olive-brown bile. The surface of uterus was very dark, and seemed congested. It contained dark brown, half-liquid, extremely foetid secretion. The internal surface was rough and uneven, and of a dark greenish colour; a small irregular mass was adherent on one side towards the fundus, seeming like a portion of placenta. The Fallopian tubes both appeared highly vascular, especially the right tube, and each contained a small quantity of pus. The left ovary was pale and small; the right ovary larger, and presented a distinct cicatrix on the surface, and a corpus luteum internally. A few small cysts containing a clear fluid were attached to ovaries, apparently formed in the folds of the broad ligaments. During the *post mortem* examination, the white areola round the pustules was noticed as like that which is stated to be diagnostic of glanders. It was ascertained that she lived in a room above some stables, and was in the habit of feeding the horses. More than a fortnight before her admission to the hospital, a horse was brought to the stables which was found to be diseased, and said to have the glanders. An ass in the same stable is supposed to have caught the disease from the



horse, and became so ill with a discharge from the nose, that it was killed a few days after the girl entered the hospital, being very ill at the time she entered.

Reference made to Elliotson's case in *Medico-Chirurgical Transactions*, vol. 18; Rayer's Treatise in 6th vol. of *Mem. de l'Académie Médecine*, and remarks by Mr. R. Adams, of Dublin.

(7) *Provincial Medical and Surgical Journal*, 1842,  
vol. 4, p. 458.

By Mr. JOHN L. SCARBROUGH.

In the end of May I saw Andrew F., aged 36. He said he had had for several days a very troublesome place in the back of his neck. I found there a swelling (resembling a carbuncle), very hard, shining, somewhat œdematous at the sides, and black in the centre. I made some free incisions in it, told him to poultice it well, gave some alterative medicine, and by June 3rd it had healed. On June 6th he sent for me again; he had severe pain in head, with a hard pulse of 96. I bled him to 24 ounces; and gave him *calomel* and *compound colocynth*, which acted very freely on the bowels; he then felt much relieved, but complained of pain in foot. After four days I saw him again; he was in bed with his foot very much swelled; he said he had been in so much pain that he was obliged to call in another doctor, who treated him for gout (his foot had that appearance); however, in the course of two or three days, the swelling seemed to have considerably lost its vitality, and became flabby; when punctured it discharged a quantity of sanious matter; several pustular spots appeared on the body, face, &c.; his foot became gangrenous; the pulse hard, low, and irregular; there was severe pain in head; breathing difficult, with cough and rigors. The foot continued to present a bad appearance, surrounded by a high-coloured erysipelatous flush; wandering pains in the extremities; pulse strong, with thirst; tongue became very tremulous, with considerable snuffling in the nose; eyes and nose very much tumefied; snuffling very much increased; the expectoration was mixed with pus-like matter, which seemed to have been principally discharged from the nares by the mouth, as he was not able, from debility, to discharge it by the nose; also coma, with low muttering delirium. The tongue became very tremulous, as also the upper extremities; pulse fluttering and thread-like; involuntary discharges;



the swelling of head and face considerably increased, extending down the throat; all of which symptoms, after progressive aggravation, ended in death. One of his horses, he said, had a bad cold; on examination, I found it had a profuse discharge from nostrils, with the glands of throat very much enlarged. It proved to be a decided case of glanders, and the horse died ten days afterwards.

(8) *London Medical and Surgical Journal*. New Series, 1833, vol. 3, p. 156.

By DR. WILLIAMS.

William J., aged 23, was admitted Jan. 31st. He stated that about three weeks before, a glandered horse was brought to his master's stables, and groomed by himself. He had a sore on the back of his hand to which the mucus from the horse's nostril was frequently applied. When admitted, he had been ill a fortnight; and complained of a degree of tightness about his chest, also of pain in right hypochondrium and loins, and a constant sensation of lassitude and weariness. Countenance was dull; tongue coated with yellowish brown fur, except the tip and edges, which were slightly red; very thirsty; generally two stools a day; pulse 90, and bears moderate pressure. Skin rather moist, of higher temperature than natural. Perspires considerably in night. Complains most of pain in loins; three months ago he was thrown from a horse on his back. Ordered *ipécacuanha*.

Feb. 1st. Much the same as yesterday; perspired profusely during the night, and to-day has slight pain in head. At times he seems irrational; on asking him questions, he will sometimes answer them immediately, at others an interval of 4 or 5 minutes will elapse, and then he will give a very indirect answer. Tongue still coated with the same brown mucus, and very tremulous. Frequent convulsive twitchings of the whole body, and for a few seconds after is in a constant state of tremor. General weakness, and slight pains about body and limbs. Constant thirst. Before his admission a blister was applied to the chest; this part has begun to slough, and discharge very unhealthy foetid pus.

Feb. 4th. Has continued to sweat more or less day and night. Has been delirious last two nights. Much pain about forehead and upper part of head. Countenance more



dull than when admitted, but no particular anxiety about it. Bowels relaxed, open 4 or 5 times a day (therefore the *ipéc.* was omitted). Urine copious, but natural. Still has the pain in right hypochondrium and loins; also has pains in limbs. Pulse hard, full, and bears moderate pressure. Ordered 15 leeches to head.

Feb. 5th. Diarrhœa continued; pains in head less; delirium a little better. Other symptoms unchanged. Thirst, and occasional convulsive motions of body continue. Ordered *kino* and *catechu*.

Feb. 8th. There has been a slight degree of delirium constantly present, and he still has pain in head. Other symptoms much the same. Sweat copious in night. The wound made by the blister continues very unhealthy, the pus from it is very foetid; an unpleasant smell exhales from body. Bowels more regular.

Feb. 10th. Became so furious with delirium last evening, that he was strapped to the bed. Sweat continues, and has so much increased since yesterday that the drops may be observed to run from his skin on the linen. Is frequently troubled with these convulsive or shaking movements of the frame, more especially the extremities. Three stools to-day. For the last two or three days less pain in hypochondrium and loins, but much aching pains in limbs. Swelling of joint of left forefinger; the part is somewhat puffed, red, and glossy, exactly like rheumatism. Another tumour on right ankle has also appeared. Ordered 10 more leeches to temples.

Feb. 11th. Delirium somewhat subsided; at times he is perfectly rational, and will answer questions put to him. Tongue dry and still coated with fur. Complains of heat about fauces; also of pain all over body; violent thirst and excessive sweat continue; 2 stools a day. For last two nights has slept very badly, being very restless, continually moving about, and appears extremely uneasy. The last leech-bites inflamed (though the former healed as usual), and this evening have begun to suppurate. Pain all over head. Inflammatory appearance of the tumefactions of the hands and feet. Ordered *magn. sulph.*, *hyosc.*, and *camphor*.

Feb. 12th. Does not sleep; sweats profusely. Severe pains in limbs. Three watery stools to-day. The right temple, to which the last leeches were applied, continues to suppurate, and has somewhat a gangrenous appearance; it discharges dark brown thick foetid pus. Right eyelid has



begun to swell, and appears much inflamed. The swelling on ankle and hand are much the same; pulse small, and rather weak. Ordered *opium* and wine in addition to former medicine; and a blister to back of neck for the constant pain all over head.

At 2 p.m., the gangrenous suppuration continues to extend over right temple, where the leeches were applied. Right eye has become entirely closed. Continues very restless, especially at night. Tremulous movements of body much worse. Delirium continues, though comparatively slight. Still has severe aching pains in limbs. Bowels relaxed.

At 7 p.m., very delirious. Left eye has begun to swell; right completely closed. Another large tumefaction has appeared in centre of forehead, about  $1\frac{1}{2}$  inch above root of nose; it was hard and red, having in the centre of it a slight bluish tint. Thick yellowish discharge from right nostril. Several small tumefactions were discovered on the arms; and two or three large white fatty-looking pustules were found on left side of neck, with a slightly inflamed base, the circumference of which did not extend far from the base of the phlyctenaceous pustule. On the legs three of the tumefactions were observed, one on the right external malleolus which has been mentioned before, one about the centre of left tibia, and a third near the insertion of the right ligamentum patellæ. His countenance has so changed from the swelling of the eyes that he would scarcely be recognised. Excessive thirst, called for cold drink every second. Pulse about 110, sharp and quick. The whole body appeared at times in constant agitation. Lips dry, with sordes on teeth.

Feb. 15th, at 9 a.m. The whole of right temple is now gangrenous; a poultice was applied, and there was a great discharge of thick brown purulent fluid from the part. The swelling in the centre of forehead was of a mulberry appearance, and soft; several more of these tumefactions have appeared about the scalp. Both eyes completely closed by the swelling of the lids, which were red and glossy. Discharge confined as yet to right nostril; lips dry; tongue covered with a number of yellowish-brown dry flakes. Unquenchable thirst; continually calling for cold water. On asking him, in his rational moments, if he felt any pain, he described a hot, burning sensation, like fire in his throat, and at the same time pointed with his fingers to the



nostrils. Several more of the phlyctenaceous pustules have now appeared, more on the left than the right side of the body; some of them on his neck, others on abdomen and chest. Several more of the tumefactions have appeared on his body as well as on the extremities; there is one on the centre of left clavicle, another about the middle of the right *pectoralis major*; a third immediately below the *os hyoides*, besides several of them on different parts of his arms and legs, as many on the right side as on the left; some of them were hard and red, others soft and purplish; a very offensive smell arose from his body; and to-day he has been talking a great deal about horses. Bowels continue relaxed; urine and fœces pass involuntarily; at times he seems delirious, and sweats profusely. The scar on the back of his right hand was not quite healed. Pulse 126, sharp, hard, and frequent.

Feb. 16th. The whole of the scalp was very much tumefied, and nearly all over of a purplish hue, and very soft; most of all the tumefactions about his body were of a mulberry appearance. The swelling of the integuments about the eyes seemed to have lost, in a great measure, the red and glossy appearance. On the right side of the nose, close to the inner canthus of eye, there is a small purplish tumefaction, and to-day there has been a great discharge of brown purulent glutinous matter from both nostrils. The gangrenous portion of right temple is extending, and discharges apparently the same kind of matter that comes from the nostrils. Great thirst continues. Some more pustules have appeared on the left side of body. He becomes suddenly delirious and as rapidly rational, and answers every question put to him. There was an offensive smell from body; pulse soft and quick; urine increased to 8 oz. in the course of the day. Since yesterday the sweating has greatly decreased; his bowels continue relaxed, for which he took *compound chalk mixture* and *kino*; urine copious, passed involuntarily. In the evening he became more irrational; kept calling out about the black horse, which he had previously told us, when rational, had glanders; his nostrils continued to discharge a thick brown glutinous pus; pulse weaker. The tumefaction on right side of nose has now extended nearly half an inch in length, and is gangrenous. He has incessantly called for cold water for the last 48 hours without one moment's rest; and died at 9 a.m. on Sunday.



*Post mortem.* Each of the tumefactions about the scalp contained a thick brown glutinous pus, which being removed, a number of small white circular tubercles were found in the cellular membrane exterior to the pericranium, but firmly attached to it, some parts of which being entirely destroyed, and the bone denuded. Some of these tubercles were hard and contained pus, whilst others had suppurated. The frontal sinuses and nostrils contained the same kind of brown glutinous pus, and similar white circular tubercles. There was more or less congestion of brain. In the larynx, immediately below the ventricles, there were tubercles, one on each side, larger than any of the others; that on the left side was in a state of suppuration; the other contained pus and was entire. On removing the integuments from the anterior part of neck and body, four patches of this brown glutinous pus were observed—one about the centre of left clavicle, another opposite the thyroid cartilage, and a third about the right pectoral muscle. The pus being removed from the neck, a cluster of these small white circular tubercles, proportionate in size and consistency to the extent and duration of the tumour, were found; a few also were discovered under the lymph contained in the other tumefactions. The lungs contained a quantity of frothy mucus. Within about  $1\frac{1}{2}$  inch beyond the ileo-cæcal valve, there were several small white prominences surrounding the colon for about three inches in length, having exactly the same appearance as the tubercles found in the other parts of the body. In the tumefactions on the arms and legs the same small white tubercles were discovered.

(9) *London Medical and Surgical Journal.* (Committee's Edition.) 1835, vol. vii., p. 604.

By Dr. ELLIOTSON.

Thomas G. was admitted April 30th. He was accustomed to groom a glandered horse; the discharge from its nose became smeared about his hands and coat sleeves, and he used to wipe his nose with his sleeve. His master did the same thing, and I attended him (previous to the groom's admission) for a very offensive glutinous discharge from the left nostril, accompanied with much itching. The discharge from the groom's nose was precisely the same as the master's; it was so exceedingly offensive that



he said he could scarcely endure himself, and everyone who came near him was quite disgusted.

In glanders, one side of the body is always more prone to the effects of the poison than the other.

There are four varieties of glanders. (1) *Simple acute glanders*. The patient complains of much heat about the nasal organ and windpipe; there is violent thirst; excessive discharge of a most horrible and offensive character; and phlyzaceous pustules appear in different parts of the body. It soon proves fatal. On *post mortem* inspection, irregular ulcers are detected in the air passages, and the frontal sinuses are filled with a brownish glutinous matter, and their lining membrane is studded with small white tubercles.

(2) *Acute farcy glanders*. This disease, which, like the first variety, affects one side of the body more than another, is usually preceded by pains about the limbs like rheumatism. Small glossy red tumours arise in different parts of the body; one side of the head is usually affected by them. These tumours, which are extremely painful, soon suppurate, and become gangrenous; they are accompanied by phlyzaceous pustules in different parts of the body. The size of these enlargements on the surface of the body vary. This variety of glanders may be combined with the first; in such a case death ensues in the course of twenty-six to thirty hours. The *post mortem* shows these tumours to be very deeply seated. The gangrenous integument being removed, a layer of brown glutinous matter is found, under which are a number of small white tubercles, presenting exactly the same appearance as those found in the first variety in the frontal sinuses, and are connected either with the periosteum, or with the fascia enclosing the muscles. If they are situated on the forehead, or scalp, where there is not much muscular fibre, they are connected with the periosteum; but when they exist on the limbs where muscle abounds, which is also generally the case, then the fasciæ become their seat. These two varieties are the same disease; either may be produced by inoculation with the matter in the tumours, or the nasal discharge.

(3) *Simple chronic glanders* is confined principally to one nostril; the discharge is at first slight; there is no particular pain, the only inconvenience complained of is the



foetid discharge. There is a constant desire to blow the nose, from the stuffed-up sensation experienced.

(4) *Chronic farcy glanders.* Tumefactions about the face, body, and limbs gradually form, they are accompanied by aching pains about the body and limbs, and in course of time they suppurate.

*(To be continued).*

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## ON THE ADVANTAGES OF WEYMOUTH AS A RESORT FOR INVALIDS IN SUMMER, AUTUMN, AND WINTER.

BY DAVID McCONNELL REED, M.D., Registered  
L.R.C.S. Edin., High Wycombe.

HAVING for some time practised in this splendid watering-place, which is a favourite resort for pleasure seekers from all parts of the country, it appears to me to be my duty to remind my colleagues and patients under homœopathic medical treatment, that the circumstances which attract the healthy may be turned to great advantage in the case of patients under medical treatment. The distance from London, 130 miles, causes Weymouth to be less visited by families from the metropolis than Brighton, Hastings, Dover, Broadstairs, &c.; but this circumstance renders it a more agreeable residence than either of those crowded places. The position of the united boroughs of Weymouth and Melcombe Regis is the most favourable that can be conceived for a watering place, at which sea-bathing can be enjoyed in all weathers and at every stage of the tide without the risk of danger or personal inconvenience to the bather, while the admirable facilities it offers for horse or foot exercise either on the sands, the esplanade, or the surrounding downs, must commend it to all in search of health. The bay, which is one of the finest in Europe, and is often mentioned by visitors who have travelled much as second only to the Bay of Naples, is about twenty miles across, with an indentation of about ten miles open to the south-east, a quarter of the compass from which the wind seldom blows. It is protected from the north, the north-east, and north-west by the cliffs of St. Alban's Head and the high lands of the coast; and from the south and



south-west, and the west by the high land of Portland; and as the winds prevail from these last-named points nine months in the year, the water in the bay is generally smooth and the beach at all times accessible. The sands are so gradually shelving that bathers may feel perfectly safe, even at a hundred yards from the shore, and so hard and compact that for more than two miles along the curve of the bay, horses and carriages may be driven close to the water's edge. The esplanade, skirting the beach and having flights of steps for ascending at convenient distances, is raised above the sands and forms one of the finest maritime promenades in the world; it is kept in excellent order, and divided from the carriage road by stone posts and chains, having on one side the terraces of houses which face the sea, and on the other the sea itself, neither of them further from the pedestrian as he takes his walk than about a hundred feet. Benches and the new and improved iron seats are placed at short intervals, so that the more languid may sit and enjoy the soothing murmur of the breaking surf with the extensive prospect of the white cliffs of Albion in successive head lands to the south-east, and the boundless horizon of the British Channel with the ships passing up and down close to the Bill of Portland to the south. Excursions by steamboat form a special feature of attraction to visitors, and may be turned to good account in the case of certain invalids. The Weymouth and Portland and the Weymouth and Channel Island Steam Packet Companies make ample provision for those who are fond of marine trips, and are directed to take advantage of them for purposes of health, visiting several times per week Jersey, Guernsey, Lulworth Cove, &c., and the more or less distant places of interest, and going to and from the grand old Island of Portland, with its wonderful chesil beach, huge breakwater, famous quarries, convict establishment, mighty earthworks, and garrison of the Verne Heights, where are the head-quarters of a regiment of soldiers, with a splendid band which plays at Weymouth during the season. Pennsylvania and Bow and Arrow Castles present a choice locality for pic-nic parties.

The climate of Weymouth, the most important consideration for invalids in connection with proper medical treatment, is truly agreeable, dry, and healthy, rather more bracing than Torquay, and without the dampness of the



Devonshire air, it forms a medium rarely attained, and is subject to less rain and fewer fogs than most other places. It is well suited for a winter residence, as after the wettest day the pavements and streets are comparatively dry in a few hours. The absence of wood has been thought by some a defect, but it forms one of the most important causes that give rise to salubrity, in the autumn months especially, the decay of vegetable matter causing in woody places considerable miasmata from which Weymouth and its neighbourhood is entirely free. Arbutus and myrtle flourish in the open air all the winter in front of the Gloucester Lodge (formerly the residence of George III, now converted into a first-class hotel), which is a proof of the mildness of the climate, while in summer it is universally appreciated, and can vie with any resort on the coast. It is abundantly supplied with water of the best quality, derived from the hills near Sutton, and kept at high pressure, and has a good market where all kinds of provisions and luxuries are always at command; the fish supply is excellent, and game is abundant in its season.

With special religious and educational advantages, capital club houses, baths, and hotels, and in direct communication by two railways with London (which may be reached in 4 hours), Southampton, Bristol, Exeter, the north of England, and the Channel Islands, and served with four deliveries by Post Office, and telegraphic communication all over the kingdom, &c., Weymouth leaves very little to be desired in the comforts of a country and marine residence and a health resort of the first class. The surrounding villages are worthy of notice; but as I have already trespassed largely upon your space, anything further that may be said in reference to Weymouth and its neighbourhood must be deferred.

High Wycombe.

P.S.—The writer has seen Dr. Tizard, the medical officer of health, who confirms the statements in this paper, and adds that the average death rate is only 17 per 1,000; and his old friend Dr. Pearce has marked his appreciation of the Dorsetshire coast, by opening a Hydropathic Establishment at Swanage, which is easily reached from Weymouth, and adds to its advantages as a health resort.



REVIEWS.

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*The British Homœopathic Medical Directory for 1880.*

Thompson and Capper : Liverpool and Manchester.

WE are indebted to the energy and perseverance of Messrs. Thompson and Capper, of Liverpool, for the issue of the above valuable directory. We notice several improvements in this, the fourth year of publication. The alphabetical list of qualified practitioners is much fuller, and, as far as we can see, is tolerably correct ; showing that no pains have been spared to ensure this result. Secondly, the list separated into the alphabetical one of the various towns in which there are homœopathic practitioners is supplemented by the addition, under the names of medical men, of the homœopathic chemist when there is one. While, finally, there is an alphabetical list of homœopathic chemists. We trust that every practitioner and chemist will possess himself of a copy of a work which entails much care and labour in compilation, and without which we should be often at a loss.

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*A Clinical Assistant, being reliable Gleanings from Practice.* By R. W. NELSON, M.D., M.R.C.S.L. Chicago : Duncan Brothers. 1879.

THIS unpretending little work, got up in the form of a pocket book, is really a useful one, the idea of its construction being a good one, and one that has not been, to our knowledge, carried out before. In the preface Dr. Nelson says : "For ten years I have been collecting the materials of this work. In my reading, when I came across a particular fact, I noted it at once and tested it at the first opportunity. My authorities for the symptoms and medicines are contributors to the leading journals of the day, the writings of such men as Hering, Hughes, Hale, Burt, Guernsey, &c. Having first tested them in my own practice with perfect satisfaction, I can say with truth this book contains reliable gleanings from practice." In this consists the charm of the little work. It may be called a collection of "wrinkles," arranged alphabetically for easy reference ; that is, points in practice which have been first published by various authors, and all of which have been personally proved and found reliable by Dr. Nelson. It is meant to take the place of no repertory or other work, but simply as a quick reference to particular symptoms and the medicines which Dr. Nelson has found reliable in meeting them. The busy practitioner will find this little work well worth having in his pocket, or his carriage, and we commend it to all.



## NOTABILIA.

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### FASHION IN PHYSIC.

“TIPKINS THUDD,” a correspondent of the *Isle of Wight Times and Hampshire Gazette*, writes as follows on this subject: “I was greatly struck by an article in *Blackwood’s Magazine*, entitled ‘Contrarieties of Medicine,’ and as it is a subject of general interest I am tempted to say a word or two thereon. The writer complains of the ‘fashion’ which seems to govern medical treatment. At one time he says the starving system prevails—at another, high feeding is most in vogue. Violent treatment will be at one time all the ‘go,’ bringing into use some greatly-lauded drugs, whilst at another the most milk and water practice will prevail. His remarks about blood-letting are very pertinent. He writes: ‘Blood-letting, which was a universal practice a century ago, and is altogether discountenanced now, must be either right or wrong. If it was right, then the whole profession is to-day following like a lot of sheep an erroneous and vicious fashion. If it was wrong, still, when it was in fashion, all followed it without hesitation. If it had only been an accidental error in the career of true science some able and honest men would have lifted up their voice against it. The faculty would have been divided, and truth would at last have prevailed. But there is not the least reason to suppose that, until the fashion had pretty nearly worn itself out, anyone doubted the efficacy of blood-letting. All went for it as unanimously as all now oppose it. Nobody was against it then; nobody is for it now. This looks much more like ignorance guided by fashion than like science searching for solid truth.’ He is quite right sir, there is too much ‘fashion’ in the medical profession. If the great Sir William Muff or Sir Oldbury Jinks happen to recommend any particular drug—although it be without rhyme or reason—you will always find a host of followers ready to adopt it. Again, there is too much bigotry and jealousy in the medical profession for any real progress in this great science. I will tell you what I mean. Many years ago patients were dosed with quantities of the most nauseous physic. I have before me at this moment a huge volume, being the ‘Practice of Physic,’ by that learned and renowned Doctor Lazarus Riverius, printed for George Sawbridge, at Ludgate Hill, in the year MDCLXXVIII. Herein I find prescribed horrible decoctions and electuaries each consisting of some twenty nauseous drugs: the dose from half a pint to a pint every few hours! This sort of treatment was in vogue for years when lo! a learned physician arose and changed all that. He discovered homœopathy and announced that the higher drugs



were diluted the more efficacious for cure they became. I have also another book before me by another learned doctor who advises that seven globules of the third dilution should be dissolved in half a pint of water, whereof a dessert spoonful should be taken night and morning! What is the deduction of the success of homœopathy? Why that patients long disgusted by the heroic physicing and bleeding, joyfully turned to a system whose plan by apparently doing nothing at all gave nature a chance. Don't imagine, however, sir, from what I say that I pooh-pooh the system of homœopathy. It is very, very, far from perfect as a science, yet as there are amongst its practitioners many men of undoubted intelligence and skill, there are no doubt facts observed which ought to be well considered and discussed. But what happens? Why the great guns of the profession—because a drug has been introduced by an homœopath—ignorantly decline to recognise it, no matter who introduces it to their notice. I uphold, sir, that there is no perfect system in medicine. All are most defective, and therefore our professors, if they desire to be true to themselves and to science, should be careful to examine into every authenticated fact, and if it be found useful or available to adopt it, no matter whence its source. But I am sorry to say that the bigotry which exists in the medical profession is a bar to the advancement of medical science. Should a man be honest enough to express dissent from the stereotyped teachings of the big-wigs he is at once tabooed. An allopath will not meet a homœopath in consultation, although, perhaps, the latter, so far as scholarly and professional knowledge may avail, is infinitely better and more enlightened than the former. I do not myself, sir, incline to the practice of homœopathy, although I feel convinced that there is much of great value in the system, but I grieve to say that the medical journals in their contemptible bigotry decline to publish even facts well authenticated, unless said facts are quite within the correct mode of practice. Thus many a valuable hint is lost. A few weeks ago a doctor observed some remarkable effects produced on a child apparently dying, by the administration of a certain medicine. The case was so interesting that he sent it to one of the medical papers, in whose columns an immense amount of so-called sanitary twaddle is gravely inserted every week. Unfortunately for future cases of the kind, the drug used was originally introduced by the homœopaths, so that most enlightened and liberal paper declined to insert it. What wonder, therefore, is there that such articles as 'Medical Contrarieties' are written to make doctors ridiculous when they have so much bigotry in their midst."



## A MOUSE CURE.

### *A WONDERFUL MEDICAL DISCOVERY.*

OF all nervous diseases, tetanus is one of the most determined and objectionable. It is usually induced by over-indulgence in rusty nails or fish-hooks, and when it once takes hold of a patient it is nearly impossible to drive it away. One of its permanent systems is the closing of the jaws so tightly that they cannot be pried open with a crow bar. When it is remembered that women as well as men suffer from this disease, its tremendously powerful nature becomes evident.

Hitherto there has been no remedy which could be regarded as specific for tetanus. In the last century the usual treatment was to knock out a few of the patient's teeth, so as to pour a little brandy down his throat, and then to order his coffin. With the progress of medical science, various other remedies were suggested, among which the subcutaneous injection of curare, a particularly deadly South American vegetable poison, gave, on the whole, the best results, and frequently so far got the mastery over tetanus that it killed the patient before the disease could kill him. At last, however, an ingenious French physician has apparently hit upon a remedy before which tetanus yields as readily as toothache yields to the dentist's forceps, and which will, of course, supersede curare and all other inferior remedies.

The French doctor in question was called in to attend a lady suffering from tetanus. In his report he says that she was a married woman of 81 years of age, and that previous to his visit her family physician had tried every known remedy for tetanus, including curare, without producing any effect. The patient was lying on her back, with her jaws tightly closed, and the muscles of her chest and throat were so rigid that she was unable to utter a sound. The doctor at once went out and procured a live mouse of the usual size and voracity, to the tail of which he attached a strong horse-hair. Placing the mouse at the foot of the bed, he permitted it to walk the entire length of the patient's body. No sooner did the patient notice the mouse than she sprang up, loudly calling to the attendants to take it off, and denouncing the doctor as a horrid heartless wretch, who ought to be ashamed of himself and guillotined on the spot. There was no recurrence of the symptoms of tetanus. In fact, the doctor adds that the lady's jaws were so thoroughly and permanently unlocked that the husband, who is, of course, ignorant of law, has threatened to begin an action for damages against him.

The success of this experiment encouraged the doctor to try the mouse cure in other nervous diseases. He reasoned that



the administration of mice powerfully stimulates the nerves of a female patient, and enables the nervous system to throw off any disease with which it is afflicted. Soon after the incident just related, he met with a violent case of hysteria. The patient, a married lady of 87 years, was subject to hysterical attacks, but this particular one was of unprecedented violence. Amongst its prominent symptoms was an absence of whisker on one side of the husband's face, a broken clock, an almost irresistible tendency on the part of the patient to lie on the floor and kick the panelling of a rosewood bookcase. The doctor at once perceived that mice in strong doses were indicated. He therefore ordered that a mouse should be administered every ten minutes until the violence of the attack should abate. The first mouse ran across the patient's body, but there was no perceptible change in her heels or voice. The second mouse, however, entangled itself in her hair, and her recovery was almost instantaneous. She sat up and said that if the doctor would only take that mouse away, she would get right up and see about dinner. No further treatment was necessary, and the fact that the disease has not returned leads the doctor to express a strong conviction that the cure will prove a permanent one.

The mouse cure has also been tried with the very best results in an attack of paralysis of the left leg, which was in a fair way to prevent the wife of a Parisian banker from making a call on certain of her husband's relatives, and in a case of nervous prostration which suddenly attacked a lady when her husband had refused to take her to the sea side. Both of these cases yielded promptly to the exhibition of mice, and there is no room for doubt that the cure was due solely to the remedy employed.

The addition of mice to the *materia medica* will naturally interest the profession everywhere, and we may expect to find the mouse treatment adopted in nervous diseases by all regular physicians. It is rather odd that the distinguished French physician has not turned his attention to rats. There may be discoveries made in the rat-field which will be of as much importance as those which he had already made in connection with mice.—*New York Times*.

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#### VACCINATION VERSUS SMALL-POX.

THE following very pretty instances of the power which vaccination possesses of modifying the severity of small pox have been recorded by Dr. Ashby, Medical Officer of Health for part of Nottinghamshire. An unvaccinated girl died from very severe confluent small-pox, during an outbreak of that disease at Newark. Her brother, aged fifteen, had never been vaccinated, and was with his sister a great deal during her illness. However, he was persuaded to be vaccinated, and this was done in four



places on July 17th. All the places "took" excellently; it was a typical case of primary vaccination. On July 25th, he began to be ill with small-pox, the eruption appearing on July 28th. But, instead of his having the severe confluent form, as his sister had, his was a typical case of discrete small-pox, all the pustules being isolated, and not confluent in any part of his body. Now, the period of incubation of small-pox being twelve days, the boy must have taken the infection about July 18th, or about four days before he was vaccinated. Although the vaccination was too late to prevent the disease altogether, yet vaccinia ran its course in his system concurrently with small-pox, and had the effect of very greatly moderating its severity. If he had not been vaccinated when he was, the chances were that he would have died, judging from the rate of mortality in unvaccinated cases which ruled in the outbreak in question; so that, in all probability, his life was saved by his having been vaccinated just in time—at any rate, there is no doubt that the severity of the disease was very much mitigated thereby. In another case, a man and his wife were engaged to take charge of a cottage that had been hired for the isolation of a case of small-pox in a rural village, and to nurse the patient. They had to close their own house, so they took their son (a lad about twelve years of age) with them to the cottage hospital. The man and the boy bore evidence of having been vaccinated, but no trace of any marks could be found on the woman. However, they were all three vaccinated on the morning of August 14th, before the case of small-pox was sent in. As the woman had never been done before, she was vaccinated very thoroughly in four places, using a separate point for each place, and four typical vesicles formed. The vaccination of the man and boy also took. About August 24th or 25th, the woman began to be ill (*i.e.*, about eleven days after she was vaccinated), and had a very slight attack of small-pox. She had only a few scattered pustules, and soon recovered. Thus it was evident that she took the infection of the disease at nearly the same time as she was vaccinated. Vaccinia and small-pox ran their course together in her system, the disease being extremely modified by the vaccination.—*British Medical Journal*.

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#### WOOL-SORTERS' DISEASE.

PUBLIC attention has again been called to the peculiar nature and rapid fatality of this affection by a leader and some correspondence in recent numbers of the *Bradford Observer*. A man, apparently in the prime of health and strength, who was engaged in sorting Van mohair at Shipley, complained several times to his wife of the noxious character of the wool with which he had to deal. He was taken suddenly ill, and in four days succumbed to what was considered a severe cold, attended with



congestion of the lungs, but which we suppose, must really have been an acute form of blood poisoning. Such rapid cases are not unfamiliar to the medical men who practise in that district, and are found to occur only among the workers in alpaca, mohair, camels' hair, and dry Eastern wools, among which there may be some fallen fleeces. An admission that sorting these in their unpurified condition is a dangerous occupation is found in the fact that the employers of this man, whilst denying that his death was due to wool-sorters' disease, state that they are provided with proper apparatus for preventing any unpleasant consequences from sorting the class of wool referred to. They do not mention, however, that this particular specimen of mohair was subjected to any disinfecting process. Inasmuch as all noxious properties can be effectively destroyed by a sufficient exposure to dry heat or to steam, it would be more satisfactory if the proper disinfection of such wools were made compulsory. Greater attention should be paid to this source of peril than it has hitherto received. The exact nature of the wool-sorters' disease is still somewhat obscure, and it would be a great gain to our knowledge if its pathology were placed beyond doubt. It is very different from any of the forms of mechanical bronchitis which are so common in many trades. Its rapidity, and the post-mortem appearances of those who have died from it, are especially characteristic of a blood-poison. Dr. Bell, of Bradford, believes that it is produced by the inhalation of living organisms derived from the fleeces of animals that have died from anthrax. He states that it can be communicated from man to animals, and that myriads of bacteria (*Bacillus anthracis*) may be found in a drop of the blood when examined after death. Such a definite conclusion, and one so readily tested, is of the utmost importance, and we hope that Dr. Bell will take immediate steps to demonstrate so valuable a pathological discovery before some professional body, which is in a position to fully appreciate its merits. Why not bring the subject under the notice of the Pathological Society, and so secure a competent authority for its investigation?—*Lancet*.

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#### NOXIOUS VAPOURS AND WASTE PRODUCTS.

WE pay a high price in some respects for our manufacturing activity. Vegetation is blighted, streams are poisoned, large tracts of country are rendered hideous, by some of our processes of manufacture. Those concerned in the trade rarely complain, the rich take care to live a good way off from where their money is made, the poor are case-hardened, just as the child who was born in a street near Soho-square thought that atmospheric air naturally smelt of pickles. Although, therefore, we should welcome more stringent legislation regarding noxious vapours and such



like nuisances, we doubt if legal enactments will have much success because of the apathy of the persons who ought to be most strongly interested. There is more hope of reform from the fact that the waste products of manufacture which cause these nuisances are all of value if our ignorance did not prevent us from making use of them. Nature wastes nothing, and already we have found value in certain substances, such as the coal gas tar which was formerly thrown away. A use has been recently found for the mountains of slag which accumulate in the ironstone districts, and now Dr. Angus Smith points out the unnecessary waste which takes place in converting coal into coke. The ammonia which is suffered to go to waste would make yearly 130,000 tons of sulphate of ammonia, which would fertilise 1,300,000 acres of land. The plan has been already successfully applied in France. It certainly does seem absurd to import guano, nitrate of soda, &c., from abroad; and to let tons upon tons of a home-made fertiliser escape into the air, in which condition it acts as a blight rather than as a benefit to vegetation.—*Graphic*.

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“EXTRAORDINARY PREDICTION.”

UNDER this title we gave a report in our September number of one of those extraordinary efforts at prophecy, in which some people indulge to the great amusement of the majority and the terror of a few. Should any of the latter class have seen our quotation, they will perhaps be able to enter on the new year in a brighter frame of mind, by perusing the following extract from the *Daily Telegraph*:—Assailing what he holds to be an English notion, a certain learned German Professor has set himself to relieve the minds of the good people of Gottingen, and, through them, a panic-stricken world. Somebody, it seems, having found that in the sixth and sixteenth centuries, when great epidemics and other troubles ranged, Jupiter, Saturn, Uranus, and Neptune were almost precisely in the same position as regards the earth as now, deduced the conclusion that we on this planet might look for catastrophes before long. What form the trouble might take was not clearly stated, but it was to be something very terrible. The Professor derides the idea. He has made a series of calculations, and he finds that even without Neptune the orbs in question could only give us inconvenience once in four hundred and twenty years, and, as that period has not elapsed since the last disaster, we need have no apprehensions. This is highly satisfactory, and should reconcile us to the otherwise somewhat disagreeable necessity of living in a century which, by its backwardness in invention and poverty in comfortable contrivances, can never compare with those that are to follow.



## LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted during the two months ending January 22nd, 1880, gives the following statistics :—

Remaining in Hospital November 20th, 1879 ...	44
Admitted between that date and January 22nd...	79
	<hr/> 123
Discharged between Nov. 20th and January 22nd	77
Remaining in Hospital January 22nd, 1880 ...	<hr/> 46
The number of New Out-Patients during the above time	
has been ... ..	1,078
The total number of Out-Patients' attendances for the	
same period has been... ..	2,275

## CORRESPONDENCE.

## CONSULTATIONS WITH HOMŒOPATHS.

[We have received the following correspondence for publication ; Dr. Matheson very properly does not publish the name of his allopathic correspondent, in order not to give unnecessary offence, but we may state that he holds a foremost place in his own speciality. The letters speak for themselves, requiring no comment, but the position which the consultant takes up, is remarkably like that of the late Sir William Fergusson, in the well-known episode in his career. Sir William was called by a homœopath to perform a purely surgical operation, and did perform the operation. This having got wind, he was "sat upon" by the allopathic profession, for meeting a homœopath in consultation. He defended his action on the grounds of humanity, as no question of medical treatment was involved. But this plea not being deemed satisfactory by his colleagues, Sir William "caved in," and promised not to do it again. We wish Dr. Matheson's correspondent joy of the exhilarating feeling he must have in submitting his personal views to the ruling of a great trades' union, and on receiving Dr. Matheson's spirited letters. We hope that those of our friends who are so keen for conciliatory measures with our friends of the old school, will perceive from this correspondence how mistaken it is for us to adopt any policy but a firm determination to hold our own, to show our independence, and to wait for what is only a question of time—the further adoption of our principles and treatment by our opponents, and consequent overtures of friendliness on their part towards us.—*Eds. M.H.R.*]



( No. 1 )

4, Granville Place, Portman Square, W.,

Dec. 10, 1879.

Dear Sir,—Can you kindly meet me to-day after 2.30, or to-morrow at Lady ——'s, to examine the maid, who has got an intra-uterine polypus, and who is subject to excessive menstruation. Mr. —— saw the patient with me some time ago, and he advised operative measures, but Lady —— would like to have a second opinion before having recourse to this proceeding.

I am, yours faithfully,

Dr. ——

DUNCAN MATHESON.

( No. 2 )

Dec. 11, 1879.

Dear Sir,—I would be glad to see the patient here or elsewhere; but, as you know, there are professional rules to which I must bow, and I interpret them as forbidding consultation between us.

Yours truly,

Dr. Duncan Matheson.

( No. 3 )

4, Granville Place, Portman Square, W.,

Dec. 14, 1879.

Dear Sir,—I was disappointed at your refusal to meet me in consultation, for I had given you credit for more independence of conduct and judgment than this refusal implies you possess. I feel warranted in making this observation, particularly from the fact that you have met me on former occasions, well knowing the nature of my medical convictions. The patient shall not trouble you anywhere, for, of course, I had no difficulty whatever in procuring the second medical opinion I desired.

I am, yours faithfully,

——— Esq., M.D.

DUNCAN MATHESON.

( No. 4 )

Dec. 16, 1879.

Dear Sir,—I regret disappointing you; but regard the matter as beyond my control.

When I met you on a former occasion, I did not know what were your medical convictions.

Yours truly,

Dr. Duncan Matheson.

( No. 5 )

4, Granville Place, Portman Square, W.,

December 26th, 1878.

Dear Sir,—Absence from home at the time your letter of the 16th inst. arrived, and incessant engagements since, are the explanation of my not having sooner answered it.



You will kindly allow me to draw your attention to two inaccuracies into which you have been betrayed by what is, I am sure, a lapse of memory on your part.

You write, "When I met you on a former occasion, I did not know what were your medical convictions." But I must remind you that you met me on *two* former occasions—once in the case of Lady —— at —— Square, and on another occasion in the case of Mrs. ——, at the Langham Hotel. Further, the matter of my being a homœopath was raised by yourself in your house at our first interview, *previous to your seeing either of the patients*.

You said, "You are homœopathic in your views, are you not?" I at once answered "Yes, I am." "Then," you rejoined, "it is only for diagnosis you want me." To which I replied, "Yes, for diagnosis, and also to consider with me the question of the propriety of an operation: that is all I want you for." You then said, "Very well; let us meet at 4 o'clock." And so we did at her ladyship's the same day. And as a matter of fact our whole interchange of opinion in these two cases had exclusive reference to the matter of diagnosis and surgical interference, and the question of medical treatment was not discussed at all. I think, then, that in these circumstances you will admit I was quite justified in saying, "When you met me on former occasions, you were perfectly aware of the nature of my medical convictions."

Surely it is reasonable that two men who happen to differ in the matter of medical treatment should, nevertheless, be at liberty to confer together on the certainly not less important questions of diagnosis and surgical proceedings, points on which there is no difference whatever between allopathic and homœopathic practitioners.

This must have been your own view in agreeing to meet me on the two occasions referred to, and I notice that you do not express any difference of personal conviction now, but found your refusal to meet me simply on certain factitious rules imposed by the intolerance and bigotry of others.

I cannot but regret that so eminent a member of the medical profession should allow yourself to be dictated to in the manner you describe, and thus be compelled to act at variance with what your earlier action has shown to be your spontaneous and independent private judgment.

I think it right to add that, without using your name, which you might object to, or those of the patients concerned, I propose publishing this correspondence in the homœopathic journals, in order to show by whose fault it is that we hold the so-called sectarian position with which we are sometimes charged; and also to demonstrate the futility and impropriety of the proposal, which has been made by some of our short-sighted friends, to



sink our own independent position as homœopaths, as a means of conciliating men who can show such an intolerant and illiberal spirit as your letters indicate,—a spirit, moreover, into which you admit you have been driven by the medical trades' union regulations.

I am, yours faithfully,

——— Esq., M.D.

DUNCAN MATHESON.

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### A CASE OF CROUP.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—On the 10th of December, in the evening, I was requested to see a little girl two years old. She had been under medical treatment, but, for reasons which need not be stated, was removed from the care of the medical man who had been in attendance. I found her in this condition. Face livid, lips blue, gasping for breath, loud clangy respiration, throat extremely swollen outside, clammy perspiration on face, feet icy cold. These symptoms, it will be admitted, were ugly enough as indicating approaching death. What was to be done? I reviewed in my mind the usual treatment:—Leeches—blisters—tartarated antimony—calomel—rubbing mercurial ointment into the armpits—tracheotomy! I did not like any of them, so I ordered doses of ipecacuanha, thinking that if the child were well sick it might have a chance, small as it was. I was called up in the night with the message that the child was worse and dying. I went, and found the symptoms no whit better. Suddenly it occurred to me that I had noticed some peculiar effects in *spongia*. I had used the strong trituration in cases of enlarged tonsils with satisfactory results. I determined to try it empirically. I put out a dozen powders, containing about four grains in each, and directed them to be placed on the tongue every hour. After the third dose the child improved, and the next morning the *œdema of the glottis had disappeared*. The *spongia* being continued, the child rapidly recovered, and at the end of the week I paid my final visit, leaving her quite well. I am not a homœopath, but the effect of a drug belonging to the homœopathic pharmacopœia was so striking in this case that I deemed it to be my duty to record these facts. I accordingly sent them to the editor of the *Lancet*, who, no doubt, fainted away as he dropped the communication into the waste paper basket! Anyhow, it has not appeared. If such bigotry exist in our noble profession, how can medical science possibly progress?

I am, Sir, yours, &c.,

Jan. 14th, 1880.

No Bigot.



## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We are requested by Dr. F. G. STANLEY-WILDE to state that in the *Homœopathic Medical Directory* for 1880, there is a mistake. Instead of having "no settled address," his address is 64, Goldsmith Street, Nottingham. Dr. WILDE has joined Dr. BRADSHAW in practice.

Communications have been received from Dr. SHARP, Dr. PURDOM, Mr. S. H. BLAKE, Dr. EDWARD BLAKE, Dr. HARMAR SMITH, Dr. F. G. STANLEY-WILDE, Dr. McCONNELL REED, Mr. THOROLD WOOD, Dr. MATHESON, Dr. BERRIDGE, Mr. AINLEY, "No BIGOT," Messrs. BOERICKE & TAFEL, the Secretary London Homœopathic Hospital, Mr. S. J. WHEELER (Chicago).

## BOOKS RECEIVED.

*Curability of Cataract with Medicine.* By J. C. Burnett, M.D. London: Homœopathic Publishing Company, 1880.

*Stammering and its Rational Treatment.* By E. B. Shuldham, M.D., &c. London: Homœopathic Publishing Company, 1880.

*Materia Medica and Special Therapeutics of the New Remedies.* By Edwin M. Hale, M.D. Fifth edition. Boericke & Tafel, New York and Philadelphia.

*Hot Air versus Hot Water Baths for the Working Classes.* By Richard Metcalfe. London: National Temperance League, Strand.

*Sammlung Wissenschaftlicher Abhandlungen aus dem Gebiete der Homœopathie.* Das Bienrugift imedienste der Homoöpathie von Dr. H. Goallon. Leipsic, Schwabe.

*British Journal of Homœopathy.* Jan., 1880. Turner, Fleet Street, E.C.

*The Practitioner.* Oct., Nov. and Dec., 1879. Macmillan.

*The "Organon."* January, 1880. Liverpool. Holden.

*The Students' Journal and Hospital Gazette.*

*The Homœopathic World.* January.

*The Modern Physician.* January.

*The Chemist and Druggist.* January.

*The Monthly Magazine of Pharmacy, &c.* Burgoyne, Burbidges & Co.

*English Mechanic and World of Science.* Dec. 26, 1879.

*The Homœopathic Journal of Obstetrics.* Nov., 1879. New York.

*The Hahnemannian Monthly.* Dec. Philadelphia.

*The New England Medical Gazette.* Dec. Boston.

*United States Medical Investigator.* Sept., Oct., Nov., Dec., 1879. Chicago.

*New Preparations.* Dec., 1879. New York.

*Boericke & Tafel's Quarterly Bulletin.*

*L'Art Medical.*

*Bulletin de la Société Homœopathique de France.* Dec., 1879.

*Revue Homœopathique Belge.* Brussels.

*L'Homœopathie Militante.* Brussels.

*Allgemeine Homöopathische Zeitung.* Leipsic.

*El Criterio Medico.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LESSONS OF MEDICAL TRADES UNIONISM.

THE rapid strides lately made by non-homœopathic physicians in the adoption of homœopathically indicated remedies have led some amongst us to suppose that the defence of homœopathy has become no longer necessary, that the public acknowledgment of homœopathy as a therapeutic basis is now somewhat unwise, and that the mention of the word homœopathy is undesirable, because irritating to those who would otherwise enquire into the truth of homœopathy. That, in short, we ought, as a matter of policy and in order to promote the development of therapeutics in the direction of homœopathy, to refrain from setting forth its advantages and abstain from its public avowal. We are, to all intents and purposes, told by a few that our mission as therapeutic reformers is accomplished, that the disabilities under which we remain are of our making and are kept up by our open avowal that we practise homœopathically.

We have of late had several rude reminders that the inferences thus deduced are altogether erroneous, that the supposition that we have done all that is necessary to put therapeutics on a scientific basis is a mistake, and that we have nothing now to defend, are what Count von LIPPE, M.D., would describe as "fatal errors."



In our last number we reported two illustrations of this fact, and we have now to adduce a third.

The trades union influence brought to bear upon the progress of homœopathy, if not so powerful and effective as it was wont to be, is as active and energetic as ever. Its sting has been deprived of much of its venom by the progress homœopathy has made, by the position its advocates have acquired amongst the public. It cannot stifle homœopathy even so partially as it seemed able to do a few years ago; but the bitterness, the bigotry, the ignorance and narrow-mindedness in which are its root, are still full of life.

Who could have believed, without such evidence as that published in our last number by Dr. MATHESON, that a consulting physician of thirty years' standing would be so afraid of losing the patronage of general practitioners, of the gentlemen whose *loci habitandi* are distinguished by a red lamp, and whose earnings are contingent upon the number of three-and-sixpenny mixtures they are enabled to dispense, as to feel compelled to sacrifice the independence of his judgment in deference to their orders? And yet it is so. The physician in question, acting under the direction of his masters, declined to meet Dr. MATHESON for the purpose of expressing an opinion as to the nature of a uterine tumour, on the ground that "professional etiquette" forbade him to meet in consultation one who differed from him in the mode of using drugs. And all this, notwithstanding that this very physician has, within a comparatively recent period, published an address in which he appeared not merely to make light of all drug remedies, but to cast ridicule on one at least of the most fashionable!

How humiliating must it be to a man of wide professional learning and extensive experience in his own department.



to be driven to forego his own opinion as to who he should meet in consultation and who not, at the bidding of men of inferior professional rank and very much inferior learning! It shows that the trades union spirit, the notion that all who admit the truth of homœopathy are "knobsticks," persons who interfere with the profits of physic, and therefore individuals who are to be squeezed out of existence by some process or other, still animates a somewhat influential section of medical men. It proves, moreover, that the rights of the great body of medical practitioners, and the duties of consultants, are still very imperfectly understood in quarters where we had hoped that they had been fully recognised and acknowledged.

In the second instance, a knot of medical men, aided by a medical church dignitary, strove hard to withhold a portion of the funds subscribed for medical charities from being devoted to the support of a public dispensary, on the ground that its medical officers treated their patients homœopathically. In this instance the general public had too strong a share in arriving at the decision, to give the allopathic party a chance of obtaining the fulfilment of their sectarian wishes. By a large majority the committee of the subscribers to the Norwich Hospital Sunday Fund decided that they would not permit sectarianism to enter into the mode of its distribution. Though successful here, the attempt made to deprive us of our rights shows that we ought to be upon our guard and must, even now, remain ever watchful against efforts to place us in a false position before the public.

A third illustration of the importance of being "ready, aye ready," was given in a recent number of our contemporary, the *Homœopathic World*, and shows to what depths of meanness and duplicity men of good professional rank will resort, men whose reputation one would suppose



would be a guarantee against any underhand modes of attack. There it was shown that a pathologist of note having brought to him for consultation a gentleman of delicate appearance, and having heard that a homœopathic physician (on whose diagnostic accuracy full reliance can be placed) had simply detected a state of constitutional feebleness, without organic mischief of any moment—at once declared the patient to be eminently phthisical, and insisted on the vital importance of his taking a long sea voyage! There was in reality nothing of any consequence the matter with the patient—but so much had been stated by a homœopath, and therefore in order to make the homœopath's ignorance of disease apparent, a very serious opinion is pronounced, and a course of treatment advised, which, although needless, was one that would assuredly benefit him, and on his return enable the pathologist to declare him cured, the cavity (?) in the lung healed, and the patient congratulated on having had a narrow escape from the ignorance of a homœopath!

These instances of the manner in which medical men who openly avow their faith in homœopathy, and publicly acknowledge that they endeavour to practise homœopathically, are treated by non-homœopathic physicians—among whom, indeed, are many who have derived their most successful bits of practice from the writings and work of avowed homœopaths—are evidence of the existence of a thoroughly organised plan to endeavour to extinguish homœopathy, to prevent its adoption, to cripple any charity in the conduct of which it finds a place. The means employed are the same as those which have been in vogue any time these forty years—professional ostracism and slander being the most conspicuous among them.

During the last few weeks yet another example of the manner in which the ordinary allopathic doctor would, if he



could, treat a homœopath, has presented itself. The great desire of these men is to make the public believe that we are not medically educated persons at all ; but that we are mere quack adventurers, who have taken upon ourselves the practice of medicine, without any special training or any legal qualification entitling us to do so. It is sought to create this impression by ignoring the claims to professional recognition, even in the remotest degree, of all who confess their faith in homœopathy. The method adopted is to refuse to co-operate with such persons in any and every work of public usefulness which has any connection with medicine or surgery. Some years ago Mr. AINLEY's appointment as Medical Officer of Health for Halifax was unsuccessfully endeavoured to be upset. At various times the cancellation of union appointments when obtained by homœopaths, has been attempted—formerly with success, but of late years without any result whatever. On the occasion to which we have referred, it was the taking a part in the delivery of a course of lectures in connection with the St. John's Ambulance Association, by two medical men, who openly practise homœopathically, that was the subject of impotent and impudent protest.

The history of this event is briefly as follows. The committee of St. John's Ambulance Association through a lady at Bournemouth, made arrangements for the delivery of a course of lectures to ladies, on the proper modes of attending to the immediate wants of persons sustaining accidents, of staying hæmorrhages, bandaging, and so on. Several medical men residing in the town were requested to lecture, and finally five lectures were promised by as many members of the profession. When the list of those who had accepted the duty was published, the names of Dr. FRANK NANKIVELL and Dr. HARDY appeared. These gentlemen, as is well-known, practise homœopathically. The three others were



immediately called to account by a hastily summoned meeting of their professional friends, and their resignation was insisted upon. To this they assented, and forthwith withdrew from their engagement to lecture for the association, on the ground that they could not do so if homœopathic practitioners, however well qualified for the task, were allowed to take any part in the proposed course. Their resignations were sent in to the committee and accepted. The places thus suddenly vacated were at once filled by Dr. HERBERT NANKIVELL and Dr. DRURY. The retirement of the allopaths produced none of that embarrassment to the committee which was probably anticipated, and doubtless desired. These gentlemen found to their chagrin that they were not the necessity they thought they were! Moreover, the complete success which has attended the lectures, which have since been delivered, as evidenced by the large numbers in attendance, and the satisfaction that has been expressed with the instruction provided, abundantly proves, that those who were interested in promoting the lectures lost nothing by the changes consequent upon the extraordinary display of stupidity by the three gentlemen who so quietly yielded to the trades union-like demands of their medical brethren.

As has generally happened, when trades unionism such as this has characterised the conduct of medical men, the public, who, after all, are those most concerned, as it is they who are chiefly inconvenienced, have, through the local press, given vent to their feelings of indignation and contempt. From a Bournemouth newspaper we quote the following letters addressed to the editor:—

“Can you or any of your readers inform me of the meaning of a circular which has been sent round to most of the houses in Bournemouth, announcing that Drs. Douglas, Turner, and Fraser intend to withdraw from their publicly-announced engagement to



lecture at the Bijou Hall, for the St. John's Ambulance Association? It is evidently a professional dispute between those gentlemen and their homœopathic brethren; but it surely cannot be that they could not sink their professional differences in supporting such an institution as that which has lost the advocacy of the three medical gentlemen I have named."

"Are the supporters of the old-fashioned system of medical treatment afraid to place themselves side by side with the homœopathic innovations even in the matter of general lectures, involving no reference to the distinctive tenets of the two schools, and having for their object the relief of suffering humanity? It would seem so from the recent proceedings in connection with the advertised lectures for the St. John's Ambulance Association."

"I must crave from you a small space in your paper to call prominent attention to the proud position which the medical representatives of homœopathy in this town have been enabled to assume through the action of the medical men who are not homœopaths. A series of lectures was publicly announced to be given on several medical subjects, by several medical gentlemen of the town, embracing in their number two homœopaths. The lectures were to be on subjects in which one would think it would be impossible to introduce controversial questions. For example, the anatomy of a homœopath is, at least so far as I know, the same as that of other men. He performs the same functions. He eats and drinks and sleeps just as other people do. His arm presents the same rotundities and angularities for the application of a bandage as are to be found in the upper extremities of the orthodox practitioner. Therefore there can be no sufficient reason why upon such subjects there should not be an alliance between all medical men for the diffusion of such knowledge as is calculated to produce results beneficial to humanity at large. But what have our Bournemouth doctors done? They were not asked to stand on a platform alongside the homœopathic doctors. All they were asked to do, and all they undertook to do, was that each should give an independent



lecture on a subject which had nothing to do with the questions involved in homœopathy or the system from which it is a departure. I suppose that when such an undertaking was entered into, they were not aware that their names would be in any way associated with the homœopathic doctors. When they discovered the fact, they retired from their engagements, and left the field clear for the three homœopathic doctors, who have accepted the position vacated by their squeamish brethren. The homœopaths had no hesitation in taking their share of the proposed course along with those gentlemen who have so ignominiously retired. Homœopathy has thus shown that it carries along with it the virtues of tolerance and generosity, tolerance for the holders of opposing views on professional matters, and such sympathy with a great and good cause as enables it to step beyond the petty jealousies of professional differences into the wide area of true philanthropy. I trust you may be able to insert this from one who never was ashamed of being, and who is now proud of claiming the title of

“ A HOMŒOPATH.”

To satisfy those who desired to know why Drs. DOUGLAS, TURNER, and FRASER refused to fulfil their engagements, a correspondent who signs himself “ G. P.,” which we take to mean “ General Practitioner,” wrote the following letter to the editor :—

“ As some misapprehension undoubtedly exists as to the reasons which have induced three medical gentlemen of Bournemouth to withdraw from the course of lectures in which they were announced to take a part for the benefit of the St. John's Ambulance Society, allow me an opportunity to bring the matter in its proper bearings before the public. Their reason for withdrawing is simply this—that without their knowledge or consent their names were announced in connection with two homœopathic medical gentlemen practising in Bournemouth. There was no other course open to those who have withdrawn, and their conduct is in strict accordance with professional etiquette and necessity. It is said there need have been no collision between the several lecturers. That is *not* the question. It is one of professional



recognition, and that has never been accorded to homœopaths by their allopathic brethren. In all the relations of citizenship, in all questions of social position, they claim and they receive every recognition. In matters relating to the medical profession, it is impossible that, even in a course of lectures, they can be recognised by those who regard homœopathy as a flagrant departure from medical orthodoxy."

To decline to accord "professional recognition" to regularly educated, duly qualified, and legally registered medical men, is a piece of insolence *pur et simple*. If it is any part of "professional etiquette" for one member of the medical profession to refuse to co-operate with another member of the same body in any and all efforts to promote the general weal, because such two gentlemen may differ as to the most suitable drugs to prescribe in the majority of diseases, we believe that this much, at any rate, of medical etiquette, is too strained, too artificial, too inconsistent with the liberal character of the profession, too incompatible with the plainest dictates of the first principles of Christianity, to exist much longer at this period of the world's history. It only requires a full and free exposure to ensure its condemnation and annihilation at the hands of all right thinking and educated men. Hateful as such conduct is among brickmakers, carpenters, and other journeymen-tradespeople, it is infinitely more so when endorsed and acted up to by persons in the position of a "G. P."

This letter was succeeded by one signed, "*Non sine causâ*," in which the position of homœopathists is clearly stated. It is as follows :—

"In your paper of Wednesday, 'G.P.' gives his explanation of why the three medical gentlemen advertised to give lectures on behalf of the Ambulance Society failed to do so. It would have been more satisfactory had he explained how it happened



that they undertook the duty without asking who were to be their associates. Is it possible that after all the real reason is not given, but that they have yielded to what may be called 'professional trades unionism,' and under such pressure have backed out of what they undertook to do? In the history of this controversy such things have happened before, notoriously in the case of that brilliant surgeon, the late Sir W. Fergusson, who unfortunately had to yield to the pressure brought to bear upon him by the smaller men in the profession. It must be mortifying to practitioners of the old school to see their patients passing over to the opposite camp, and then having derived benefit using their experience to induce others to do the same; but why should there be an opposite camp? Why force men into a sect that merely use means they consider best for the good of their patients? And why substitute abuse of a system of which they know nothing, for an enquiry into its truth? If they will not investigate the matter or give those who believe in homœopathy their legitimate position, they must be content to play a losing game. The homœopathic body consists of men holding the same qualifications as the allopathic, and from this latter body the former is being continually recruited; this being so it may happen that some of those now loudest in their condemnation may live to become warm advocates of homœopathy, and lose friends and suffer reproach in consequence. The cause of controversy is briefly this. The old school follow what they conceive to be a system of experience, but what is frequently the fashion of the day. Thus a remedy that is of almost universal application at one period passes out of recollection almost, at another, or comes to be denounced as of no value. Then again, as there is no fixed rule to guide, there are endless varieties of opinion amongst the allopaths. Let any one consult a number of medical men separately, and then compare the prescriptions, what similarity would there be between them? None know better than medical men themselves what the result would be. Now homœopathy has this advantage. Medicines are selected on a fixed principle, so that if the same case were submitted to a number of homœo-



pathic practitioners, several would select the same remedy; there might be some who would not, as one might attach more importance to one symptom than another, but probably the majority of those who had not hit the best remedy would have selected an allied one, the rule of 'like curing like' being the one by which all would be guided. This is homœopathy, a principle by which many allopathic cures are continually effected, the practitioner little dreaming that it is to the hated homœopathy, as a means, that he owes his success, and his patient's restoration to health. Added to the law and connected with homœopathy, though not necessarily part of it, comes the question of the dose, and here is the great difficulty, as the belief that minute quantities of medicine should be capable of producing any effect is the great crime of homœopaths. An allopath will not seek to ascertain whether this is so or not, nor listen to any possible explanation. His statement that he does not believe a word of it is to be the end of controversy. So said his medical ancestors when HARVEY discovered the circulation of the blood. So said the celebrated Dr. LARDNER as to the possibility of steam ships crossing the Atlantic, and so might the semaphore signalmen have said of the electric telegraph. The telephone and similar discoveries ought to help some of those able men that otherwise adorn the medical profession to conquer their prejudices and examine for themselves. However, after all, the dose question is an open one, some using tangible doses, others smaller, according as their experience or that of others has taught them. If both succeed, it is because both select their medicines in accordance with the same law. For if the law is not adhered to, the conditions on which a small dose can act have been done away with. It is not, however, a matter of indifference whether a larger or smaller dose is given, but to go into the explanation would take up more space than you would care to give. It is enough that homœopathy has been found to be a means for curing or mitigating disease, for which many thousands have cause to be thankful, and that it continues to spread, and numbers amongst its followers some of the most clear-headed and able men of our day."



Under this well merited castigation "G. P." could not sit quietly, so he again wrote to the paper asserting that his explanation of the retirement of the three gentlemen from the positions they had accepted was the true one—this *Non sine causâ* does not directly deny, but rather desires to know how it happened that professional "etiquette" made such a demand. This "G. P." declines to explain, but avails himself of the opportunity of rebuking *Non sine causâ* for having made the subject a text for a "lecture on homœopathy," and so, as he puts it, advertising "the special school of medicine to which he himself belongs." "G. P." and those like-minded abhor nothing more than a public explanation of homœopathy. Anything of the kind necessarily discredits them. Their business is to misrepresent homœopathy, to characterise its practitioners as quacks, to treat them as professional pariahs. A clear exposition of homœopathy, and authentic statements as to who those are who practise homœopathically show up their ignorance in the first instance, their injustice in the second, and their insolence in the third. It is not in human nature to receive such an *exposé* with pleasure, no, nor with calmness either. *Non sine causâ* abundantly justifies his communication in the following lines:—

"'G.P.' objects to my letter, as a lecture in defence of homœopathy, and to its appearing in public newspapers. A tribunal, such as the public furnishes, is a fairer one to come before, than one formed from amongst the men who, by their bigotry, have raised the question, and as 'G.P.' was the aggressor, and as he chose by implication to undervalue the professional position of the other lecturers, it was right that the public, to whom his letter was addressed, should know that the professional standing of the two gentlemen objected to was the same as that of the others, and that their crime consisted in believing that medicines acted curatively when given in a particular way. However, the



question may fairly be left to the judgment of those who select for themselves which treatment they will have."

A subsequent letter signed "M. D." endorses the opinion of "G. P." and states that "every homœopath is a partisan and acts accordingly." It seems to us that "M. D.'s" three friends are the partisans in the present instance—partisans of trades unionism, partisans of the narrow-minded people who think themselves as able to check as they are desirous of preventing the public appreciation of a therapeutic truth, which, ignorant as they may be of it, is one of the highest value and the greatest importance in the whole range of medical study. To this "partisan" replies "Another M.D." The letter is long, but it is too good to omit and we therefore give it entire.

"I agree with 'M.D.' that the silence of the three lecturers who resigned their posts the other day is honourable. I cannot help suggesting that it may also be described as prudential. Such as it is, however, it has been shared by those lecturers who did not resign their posts, though the temptation to them must have been strong to show up the intolerance of their temporary colleagues. It would be interesting to outsiders to know in whose brain first this medical heresy hunting took its rise, and through whose wise decision the suggested resignation became compulsory. But as these facts are not for the *profanum vulgus* I shall only remark that when Professor HENDERSON became an avowed homœopathist the rest of the medical faculty of the Edinburgh University did not resign their chairs in disgust, but continued to lecture, and met him in the senate and at the examination board whenever it was necessary to do so. But I do not agree with 'M.D.' when he goes on to state that 'every homœopath is a partisan, and acts accordingly, as is well evidenced by the present dispute.' For what are the facts of the case? A lady desires to get up a course of these lectures: she writes to several medical men of the place to take each a lecture, and after several refusals, obtains the consent of five in-



dividuals, whose names are then advertised in connection with the lectures. Three of them happen to be 'allopaths'—two of them are 'homœopaths.' On the publication of the names, the three allopaths resign—doubtless through the influence of some hitherto unexplained emotion. The homœopaths, after a little meditation decide not to follow their example, but to fulfil their allotted task—and the lectures go on. They not only go on, but are a complete success, and a substantial donation to the society's funds will be the result. Now where is the partisanship here, and who are the partisans? Evidently not the homœopaths, who simply went forward and fulfilled their engagements to the society and to the public; and quite as evidently the partisans were the allopaths, who resigned their posts because two of the lectures had been undertaken by homœopaths. Had these lectures been on Therapeutics, or Practice of Medicine, I could have understood and excused the action of these gentlemen. They might then have said, and with some truth, 'Homœopaths hold different therapeutic principles from us, and what we assert in one lecture they will deny in the next, and therefore we cannot lecture with them in the same course.' But to decline to teach in successive lectures anatomy, a little surgery and bandaging, about which there can be no difference of opinion at all, because two of the lecturers happen to differ in regard to certain therapeutic principles, is really about as wise a procedure, as if two masons declined to assist each other in putting up a scaffolding because they differed about the respective value of certain cements which might or might not hereafter be used in the building. The whole thing is too childish. And now one word about 'G.P.'s' first letter. He is, I presume, an allopathic general practitioner. If he and his brethren feel it their duty not to 'recognise' their homœopathic *confrères*, let it be so. The recognition of their Universities, of the State, and of the public in general is quite sufficient for their present necessity. Before closing this letter I desire to draw the attention both of the public and of the medical profession to an article named, '*Are There Laws of Therapeutics*,' published in the *Practitioner* for June, 1878, and written by Dr. James Ross, of Manchester. The whole



article is worthy of careful reading; the last few lines I transcribe as they stand. Speaking of the British Medical Association, Dr. Ross writes :—‘ When we band ourselves into a society in which the members are bound not to meet homœopathic practitioners in consultation, we not only make it difficult for those gentlemen to discontinue their sectarianism, but we convert our association into a trades union with coercive laws—laws which no society whatever is justified in exercising over its individual members. We ought to show the world that we are a great and enlightened profession, and that we do not stoop to the paltry and immoral expedients of a trades union in order to maintain our dignity and emoluments. Our present position will be rectified when it is understood that no man is to be excluded from our medical societies, and from professional intercourse generally, for the sake of his opinions.’ I would recommend a careful consideration of these views, so ably expressed, and a careful reconsideration of their own position to both ‘ G.P.,’ ‘ M.D.,’ and the medical profession in this town generally, and trust that Time—that great healer—may find himself able in the end to heal even our medical quarrels.”

Surely if anything could show the importance of our being faithful to those therapeutic principles which experience has taught us are true, if anything could prove that we have nothing to expect from the rank and file of allopathy but supercilious contempt if we falter in asserting our professional position in an open, manly fashion, if anything can encourage us to persevere in doing that which we know to be right, in refusing to swerve from the path of duty on grounds of a supposed expediency—the history of this display of ignorance, bigotry, and insolence in the pretty little town of Bournemouth is that which can do so.

We congratulate our professional colleagues on the victory they have gained over their opponents, and on the success which has crowned their efforts to instruct their neighbours how best to enact the part of the good Samaritan.



## NOTES FROM PRACTICE.

BY H. THOROLD WOOD, ESQ.

THE report of an interesting case of diphtheria by Dr. E. M. MADDEN, which appeared in the January number of the *Review*, has tempted me to offer a few remarks on the treatment of this avowedly dreadful disorder, since the specific action of drugs in attacks of the kind is therein spoken of in no very hopeful terms. The list of remedies quoted by Dr. Madden as having been given to his patient within one week is long and embraces important drugs, but I submit that the transit from one to another must necessarily have been rapid, while the deduction arrived at as to their action could not therefore be conclusive. Moreover, long as the list undoubtedly is, it does not contain a single drug which I should have given either at the onset or during the crisis of the disease. Then it is to be hoped, and I sincerely trust, that Dr. Madden is in error when he says that in severe forms of diphtheria his colleagues in Birmingham "rely upon local disinfection and the most strengthening diet, generally with some alcohol, rather than upon the specific action of drugs."

In the first place I would urge that alcohol is here contra-indicated. It is worse than useless; it is harmful, tending to increase the inflammatory process. Nor can we count upon strengthening diet with a patient who is unable to swallow even his saliva without enduring excruciating agony. Local disinfection, however, does avail us much, although I would hardly advocate the mode of procedure adopted by Dr. Madden. My plan is to allow the patient to suck fragments of ice at frequent intervals, thereby alike in great measure alleviating the distress and arresting the inflammatory process with its consequent proliferation of effete matter. Meanwhile, hot bran poultices applied to the throat and up to the lobes of the ears assist in subduing the enlargement of the cervical glands and of the infiltrated lymphatics at the bifurcation of the carotid arteries. Much comfort may also be afforded to the patient by gently removing portions of the false membrane with the handle of a teaspoon. The only diet advisable in severe cases is iced milk, of which I prevail upon my patients to take sips as often as they can.



At the onset, as soon as there is no longer any doubt respecting the nature of the disorder to be contended with, I have seen very satisfactory results attending the exhibition of *Merc. c.* 3x, drop doses in a teaspoonful of cold water repeated at intervals of an hour. When the cervical glands become infiltrated and albuminuria sets in, *Phyto* 3x administered in the same way as the *Merc. c.*, is, I think, the most reliable remedy we have at our command. Exhaustion, the much dreaded symptom, is best obviated by *Carbo. an.* 6. In the convalescent stage *Ars.* 3 is truly wonderful in its restorative property.

I have good reason to speak well of this line of treatment, since in the spring of last year I was enabled to put it to the severest test in a considerable number of cases with extremely gratifying results. At that time there was an epidemic of diphtheria in my neighbourhood, many households being stricken with this dire disease, while reports of deaths were startling in their frequency.

At one house alone, by the aid of this course, I had the great pleasure of seeing six members of a family, in succession, recover from a virulent form of the disorder.

The concurrence of nettlerash has occasionally been observed in cases of mine, and I am inclined to think with Dr. Madden that its origin may be attributable to blood poisoning in some instances, whilst as often as not the eruption is seen where very trifling if any assignable cause can be discovered.

The most pronounced case I ever saw, occurred to a lady just previous to and during her convalescence from confinement, which was all the more remarkable from the fact of her being and feeling otherwise in excellent health.

Here it may be interesting to those commencing the study of homœopathy, to know that a decided cure was brought about by the internal administration of *Rhus tox.* 3, a drug derived from a plant, which Niemeyer, in his splendid work on Medicine, mentions as having been found to cause the complaint when the skin has been brought in contact with its leaves.

86, Seymour Street, Hyde Park.



## PHYSICAL EDUCATION AND ITS PRACTICAL INTRODUCTION INTO SCHOOLS.\*

BY M. ROTH, M.D.

As the subject on which I have to address you is a very large one, and the time allotted to me very short, I can only give you a bird's-eye view of this important and much-neglected branch of education.

No man can have his mind well trained without a good physique; no intellectual education can take place without a previous physical education of the senses, and moral training can only follow the intellectual, based on the physical.

Education is the harmonious development of all bodily, mental, and moral faculties, for the purpose of contributing to our own and our fellow-creatures' happiness, and of enabling the next generation still more to improve their successors. Education should be progressive, the future generation should be more improved, and brought nearer to the possible perfection of our nature. The development of our bodily faculties on scientific principles through the intellect, is called scientific physical education, and this is the science which considers man an inseparable unity, and does not admit partial development of the body or of its single parts, without a simultaneous harmonious development of the mind.

### *School Hygiene.*

In order to develop our physical faculties to the highest standard, the body is to be placed in the most favourable circumstances affecting its growth and development; all the influences which in any way retard or interfere with its natural development must be removed—the science which teaches us what is useful and injurious to the body is called hygiene or science of health. We call school hygiene that part of this science which relates to the growing human body during the time of school, college or university education; in this case all arrangements connected with the school building—the schoolroom, its ventilation, lighting, and warming, the construction of windows, doors, benches,

\* An address delivered before the Annual Conference of the Teachers' Association. This address originally appeared in the *Schoolmaster*; it contains so much valuable information that we are glad to have Dr. Roth's permission to republish it.—Eds. M. H. R.



forms, seats, and all the necessary accessories—must be in accordance with sanitary rules. Another part of school hygiene concerns the teacher, who, before his admission as pupil teacher, should be carefully examined whether his intellect and physique have a predisposition to any disease, or to break down under the burden of his future heavy duties; one of the most important qualities of a teacher is to be healthy, strong, and to know how to preserve his own health—otherwise he is unable to preserve the health of his pupils. Every teacher should, therefore, learn in the training college the elements of personal and school hygiene; he should know the injurious effects of bad air, light, food and drink, tight clothing, bad boots, the neglect of cleanliness, bad positions during the various occupations of the pupils, and of the danger of infectious diseases being brought to and communicated in schools—in fact, the teacher must know how to avoid whatever interferes with his own and his pupil's health.

School hygiene refers also to the pupils, who should be daily examined as to the cleanliness and tidiness of the head, face, hands, body, dress, and shoes, and further as to any symptom of ringworm, inflammation of the eyes, sore-throat, cough, fever, &c. The ignorance of hygiene prevails not only among the poor and working classes, but also in the middle and higher classes. A short time ago I had a letter from an intelligent governess knowing the value of health, in which she mentions how all her endeavours for teaching her pupils the bad effects of tight lacing, and intemperance in eating and drinking, &c., are all neutralised by the parents' ignorance of hygiene, which depends upon careful attention to apparently small things, and which should be taught in schools. As long as medical inspectors of schools are not appointed as in Paris, Boston, and other places, it is still more important for the teacher to take the place of the inspector.

### *Medical Inspection of Schools.*

While preparing my notes for this address, I had a letter from Dr. Janssen, the chief inspector of the sanitary service of the city of Brussels, in which he gives an account of the medical inspection of all infant, primary, secondary, and higher schools, which are visited once a week. He speaks of the popular courses on health given to the boys' and girls' schools by the medical inspectors,



and of the preventive treatment of very weak children, and of such as are predisposed to constitutional diseases so frequent in large towns. The doctor also mentions that the hygiene and care of the pupils' teeth is not neglected ; a special dentist is employed for this purpose. At the beginning of the school year every pupil is medically examined, and if weak, or constitutionally ill, placed under treatment. At the end of the year the result of the treatment is registered in presence of the teacher and a second medical man. I am sorry not to have time to enter into the details of the Brussels sanitary school-work due to Dr. Janssen's energy.

In London, the richest town in the world, nobody thinks of the necessity of a medical inspector of schools ; but instead of preventing children from being ill, we are constantly begging and collecting money for children's hospitals and orthopædic institutions. Hygiene is an essential and indispensable part of scientific physical education. The school must be made use of for imparting the knowledge of popular and practical hygiene. By choosing the human body and its single parts, as well as the functions of the body, as object-lessons, illustrated by suitable diagrams, an intelligent teacher will make the subject of health very interesting even to children. With few exceptions the practical hygienic part of physical education has made very little progress, and everywhere, even on the Continent, much is still to be desired in this respect.

To prove how much the hygienic ignorance of the public costs, just look at the columns of advertisements of patent medicines, pills, ointments, lentil meal (under the name of "Revalenta Arabica"), &c., which cure and prevent all diseases ; the ignorant public pays hundreds of thousands for the advertisements, and still more for the advertised drugs. There is no doubt that the daily and periodical press, with the influential power it possesses, contributes through these advertisements to the preservation of prejudice and ignorance among all classes, and especially among those unacquainted with the practical knowledge of preserving health. As long as the leading journals consent to admit the advertisements of quack and patent medicines, magnetic and other contrivances, and of liver and stomach pads, the wonderful curative powers of



which are certified so many thousand times in the daily and weekly papers, there is only one remedy for counteracting the injurious and expensive effects of such advertisements—namely, to teach children in school what is good and what is bad for their body and health. I have no time to enter fully into this part of physical education, and wish to mention that there is in the Kensington Museum a collection of means for scientific physical education, which I exhibited in the International Exhibition of 1862. The task of school hygiene is to give us the best raw material, otherwise we cannot manufacture a good article, viz., healthy and strong pupils.

The second part required for the purpose of developing harmoniously the physical faculties consists in the practical use of a scientific system of exercises, based on anatomical and physiological principles, and adapted to the various ages.

*Greek Gymnastics.*—The science and art of bodily exercises was developed to its highest standard by the Greeks under the name of gymnastics. According to Lucian, Solon said to the Scythian, Anacharsis, “To us Greeks it is not enough to have a man as nature created him, but we train him by gymnastics that we may make that much better which nature has done well, and improve what is inferior.”

Gymnastics was interwoven with Greek national life; it formed an essential and very important branch of the education of both sexes; health and beauty, which were considered essential accomplishments, were due to a great extent to scientific gymnastics. The highest development of the beautiful human form, which served the Greek painters and sculptors as models for those wonderful pieces of art which still engross our admiration as well as the sense of the beautiful (the so-called æsthetic sense, which spread all over Greece), were owing to the same science. When agonistics (the art of wrestling, fighting, struggling, &c.), and, later, athletics (by which only brute force was developed) had a more prominent place in Greece, gymnastics went out of use and decayed.

*Unsuitable Gymnastics.*—That the Greeks spoke with much contempt of gymnastics when it began to degenerate, with regard to good manners, is shown by the following:—“Kleisthenes, who lived about 500 B.C., may be looked upon as a type of the real Greek spirit prevailing at that



time, which turned with antipathy from whatsoever was unæsthetic, gymnastics included; his daughter, Agarista, was courted by Hippocleides, a rich young Greek, who, by his engaging manners, had already obtained the father's good will, which he entirely lost by a single action. During courtship, and at other domestic festivals, it was the custom to amuse the visitors by gymnastic exercises. Hippocleides, well acquainted with all bodily exercise, performed miraculous feats, believing thereby to rise still more in the estimation of his future father-in-law, who with much difficulty restrained himself from expressing his disapprobation of the frivolous attitudes and exercises; but when the young man even stood on his head, and in this position commenced to gesticulate with his legs as if they were arms, Kleisthenes could no longer stand it, and called out with indignation, 'O! son of Tisandros, you have danced away your marriage,' and the daughter was refused to her lover."

What a contrast between the indignation of Kleisthenes and the loud calls of applause which are bestowed on the same unæsthetic and similar feats performed in our theatres and so-called gymnasiums! What would the well-educated old Greek say were he to see in our gymnastic institutions how the young men, hanging with their knees on a horizontal bar, swing round and round like a mill-wheel?

Since the fall of Greece no scientific system of gymnastics has been known till the eminent Swede, Ling, who ranks amongst his compatriots as high as Linnæus and Berzelius, invented in 1805 what is called rational gymnastics, a new system based on anatomy and physiology. Ling, an eminent poet and patriot, wished to increase Sweden's power of resistance against further encroachments of Russia, which had already taken too many provinces from Sweden; he believed the best to be done for this patriotic purpose would be the scientific physical development of every Swede.

Rational gymnastics is divided in four parts—the Educational or Pædagogical, the Military, the Æsthetical, and Medical.

*Æsthetical Gymnastics*—Educational, rational gymnastics is the basis of this science, which teaches us to express by the body, through different positions and movements, a thought or a feeling. It is especially in this part of gymnastics that oneness of body and soul is aimed at. Each



single movement following an idea conceived by the mind is a thought expressed by the body. When it is possible to express an idea by the body the whole organism becomes an organ of the thought; consequently, this organ must in every part express this thought, otherwise the expression is not faithful or not clear. A person desirous of expressing tenderness while clenching his fist expresses by his body something quite different from the idea intended. In æsthetic gymnastics it is the soul which acts on the body, while in educational gymnastics it is the body which acts on the soul. Thus, æsthetic gymnastics become a means of developing and perfecting sculpture, painting, and the other fine arts. As in declamation and song, so in each gesture there is a definite rhythm; and the artist who wishes to represent a certain idea must choose a certain moment of action if he wishes to convey his idea through the creation of his art.

I have some diagrams referring to æsthetic gymnastics. All our passions are divided into two classes, those of sympathy and antipathy, or affection and aversion. The first are expressed by oval, the second by angular lines; even the various degrees of intensity of the same idea are expressed by various positions and movements.

*Military Gymnastics* is also based on the educational branch, and is the science which teaches how to subdue, by the assistance of external means (as weapons) or by our own bodily force, another will external to our own. Fencing, sword and lance exercises, bayonet fencing, and wrestling are, besides the educational branch, the principal exercises of military gymnastics.

*Medical Gymnastics* is the science which teaches "to allay or cure pains and disorders by certain positions and movements, done either by ourselves alone, or with the assistance of others, acting upon us, whereby the harmony in the different parts of the body, which has been previously deranged, is restored." A number of patients who suffered from chronic complaints and deformities owe to the genius of Ling relief and cure. Although medical gymnastics has always been used by the Chinese, and later by the ancients, the special movements and manifold manipulations invented by Ling were not known before. I believe it more suitable to say a few words on the various branches of Ling's rational gymnastics, before I enter



more fully on the aims and final result of pædagogic gymnastics.

*The aim and final results of pædagogic gymnastics* is to develop man to such a degree of perfection as is shown by very good health, complete energy and harmony in all his powers and faculties, the ease of movements of the limbs, and by the symmetry of his bodily form. Having obtained such a development, the organism is ready and capable of obeying the commands of the will, and of serving the soul as an useful and enduring instrument. For the purpose of obtaining this result, it is not enough to find out by numerous combinations and variations of certain sets of exercises all that is possible to be done, but we must study and inquire into the laws according to which the exercises answer the object and the results we are aiming at. These laws are based on the exact knowledge of the nature of the human body; therefore the knowledge of the bones and muscles forms an indispensable basis. As the muscles are influenced by the nerves, and as the various organs of the living body act and react on each other, physiology is necessarily an additional science required for the practice of rational gymnastics. As physiology culminates in psychology—the science of the intimate connection and mutual influence of body and mind—a knowledge of this science is also desirable. In proportion with the greater development of the organs, man acquires greater liberty and independence in his moral will and actions, as well as greater energy and power of endurance. The teacher of physical education should be able to study the mind of his pupils and judge to what extent and how best to adapt certain gymnastic exercises to their various mental and bodily constitutions. He must be an educator, a pedagogue, and have the æsthetic sense well developed.

The whole bearing of a physically well-educated human being must appear free, noble, pleasing to the eye, and satisfy the æsthetic sense; the teacher must insist on bad ugly movements being left off, while he should rouse the sense for beautiful forms of movement. I have already mentioned why the teacher must know the elements of hygiene; he will, therefore, know that all his pupils, even those of the same class, cannot be treated in one and the same way. A plethoric pupil, one disposed to giddiness, or one with a weak, but not diseased chest, is not to be excluded from the exercise class—on the contrary, many



of these and similar indispositions can be removed by suitable gymnastic instruction ; it is on this account that all the students in the Royal Central Gymnastic Institution of Stockholm are instructed in the diagnosis of certain complaints and irregularities of form and in gymnastic curative movements, to enable them to treat their future pupils according to their constitutions.

Having mentioned the qualifications and knowledge required by a teacher of scientific physical education, you will easily understand that the drill-sergeant, calisthenic and gymnastic teacher, and the dancing mistress, &c., to whom alone the physical education of our children and youth in the United Kingdom is at present confided, are decidedly not the right persons in the right places.

### *Ignorance of Rational Gymnastics.*

The reason why these people are resorted to is that even at present the majority of head masters of public and private schools, School Boards, committees of large training colleges, students and teachers, medical and military men, are all unacquainted with the present state of scientific physical education and rational gymnastics. The few who think of physical education separate mind from body, and believe that desk—school—and military drill, climbing ropes and ladders, swinging the body round and round a horizontal bar, and other exercises developing force, are sufficient. Rothstein, the author of the most philosophic and best exposition of Ling's system of gymnastics (published in 1848) says, "It is very singular that we should not confide the care and training of a valuable horse to a man who has not a knowledge of the animal's body and of the functions of the organs, while the man who is entrusted with the development of the human body is not expected to possess any knowledge whatever of such a science."

The unacquaintance of teachers with the subject I am advocating is not a libel, but a serious fact. I hope that the head master of a well-known public school in London, who intends establishing a gymnasium, to which he generously contributes a fourth of the expenses, will be careful that the instruction be more scientific than in the so-called military, model, and other gymnasiums, where all kinds of unæsthetic exercises are used, which only develop brute force, and which would not have been approved of by our old friend Kleisthenes. The unacquaintance of the



Education Department of both the science and importance of physical education is another fact of which I shall give you a few proofs. In 1875 the Vice-President of the Committee of Council of Education tells Parliament, "The Government has done all that could be expected of them by taking steps to substitute military drill for ordinary drill." \*

The practical exercises of pedagogical gymnastics do not develop special manual and bodily ease and skill required later in life, for a special trade or profession, but deal with those faculties and powers which are necessary to everyone, and which are required by everybody in the various circumstances of life; thus, besides the general development of the body, walking, running, high and long jumping, climbing, hanging, and swimming are objects of special attention. Although the natural power enables man to do the exercises just named, without any special school instruction, pedagogic gymnastics teaches how they are done with the greatest ease, safety, energy, and with a quick resolution at the right time; and further, how they are to be done for the ultimate aim of gymnastics.

It is obvious that no single one of these exercises should be practised at the expense of the others; the aim is not to try to obtain the maximum to which each exercise can be carried, but that the exercises in general should be reasonably limited; unæsthetic, unnatural, artificial, and acrobatic exercises, are neither wanted nor permitted. The aim is not to do all possible exercises, but only those which can be done rationally. For educational purposes, simple gymnastics are the best. The pedagogical, practical, and æsthetical aim is to be considered in each exercise; too many exercises, as well as too great a variety, are not required.

#### *Ling's Free Exercises.*

One part of Ling's rational pedagogic gymnastics consists of exercises which are done without any external, mechanical, or gymnastic apparatus; they are, therefore, called *free exercises*. They appear more simple than they are. Each gymnastic exercise is based on the special structure of the joint on which it acts, has a commencing, many intermediate, and final positions; it is

\* Dr. Roth read here several passages from his pamphlet on the Neglect of Physical Education.



done in a definite period of time and in a definite direction. Just as there are various standards for writing, reading, and arithmetic, there are various standards of exercises to be chosen on pedagogic principles, and adapted to the various ages and states of strength of the pupils.

The so-called simple free exercises can be combined in a manner similar to the letters of the alphabet; and two, three or more simple free exercises can be chosen. One individual or many persons can perform the free exercise at the same time, which is done by words of command. If the physical faculties are developed to a certain extent, and if it is desired to make further progress, two or three persons form a group for the purpose of mutually assisting or resisting one another. The models and drawings I have here represent a few positions and movements of the free exercises. Having taken much interest in the improvement of the physique of the blind, I had an artist for several months living with me to model from life about thirty-six positions; a copy of the original models I have given to the Kensington Museum, where they form a part of the collection which I have named before. These models are bad imitations of the original bas-reliefs of which you have the drawings in your hand; they serve for the instruction of the blind, deaf and dumb, and also for children in general. The Society for the Improvement of the Physique of the Blind have been so kind as to lend me these models for the present occasion.

As there are probably some persons present who have never heard of free exercises, I intend showing you some models and drawings representing the elementary free exercises, which can be arranged under the heads of bending, stretching, turning, and circular movements. The movements of the head are analagous to those of the trunk, while those of the arms and hands are similar to those of the legs and feet. According to the commencing position of the body, which can be standing, sitting, kneeling, lying, the effects of the various exercises change; for school purposes the standing position is usually chosen. This standing position varies according to the position in which the feet are placed. There are two fundamental positions of the feet called "feet open" and "feet close," which can be varied according to the distance in which one foot is placed, either sideways, forward, or backwards. The length of the pupil's foot represents the distance, which can be



single, double, or threefold, sometimes even fourfold. If the basis on which the pupil stands is diminished, more attention and effort are required, because the exercise to be done is more difficult. If the same exercise is to be done on one leg only, it is necessarily still more difficult. If exercises of various parts of the body are combined and simultaneously executed, the difficulties increase according to the various combinations. I have mentioned these few instances only for the purpose of showing that the teacher has in the free exercises all the means for gradually developing the physical faculties of his pupils. My advocacy of the free exercises is based on the many advantages which they offer in physical, mental, and moral respects. I shall only say a few words on the advantages of free exercises, but must refer you to my little pamphlet "On the Neglect of Physical Education and Hygiene by Parliament and the Education Department," where both the advantages as well as the consequences of neglect of physical education are more fully named. Many teachers know the improvement in discipline, obedience, and order, caused even by unscientific drilling.

In a paper "On Physical and Mental Training" (which Mr. Chadwick was kind enough to send me), he mentions "that a committee of a large school considered physical training unnecessary, and the drill-master was dismissed." The immediate result was bodily irritability, and thence uncontrollable mental irritability on the part of the boys. There was tumult and bolstering in the dormitories, breaking of windows, and all sorts of riot and disorder ensued. In less than a fortnight damage was done to the amount of over £200, more than three years' salary of the drill-master. The chaplain exhorted and prayed, the masters flogged, and flogged, and flogged, but without effect, as flogging did not touch the seat of depravity—irritation from the want of physical exercise. At last the chaplain and manager besought the restoration of the teacher and of the physical exercises he directed. This was done. The demands of hygiene were satisfied; there was quiet sleep in the dormitories, and so it has gone on. Now, wheresoever we hear of any disorder and rebellion in schools, wheresoever there has been extensive truancy, we may be sure that it is the system or the managers that are in the wrong."



The importance of these free exercises for military training is well known to the Imperial German Government, the Emperor being the Commander-in-Chief of all German armies, and there is what they call "ein allerhöchster Befehl," or Cabinets-order—which means that the Emperor himself has signed the order that all German recruits must pass through an obligatory course of these exercises, which are considered the best preparatory ones for their military duties. While an English recruit wants two years to be an efficient soldier, the German recruit is in fourteen or fifteen weeks sufficiently trained for the company drill; as the company is the unit of the battalion and of the regiment, we may say that he is an efficient soldier. Please to think of the saving in money and time which can be obtained by scientific training.

Will you not be surprised to hear that even the German cavalry-recruit is obliged to learn the free exercises while on horseback, without stirrup and reins. According to a General Order of the 6th July, 1871, the Prussians state that their scientific physical training is one of the most important factors in gaining their victories in the wars against Austria and France. "The extraordinary qualities of which our armies have given proof in the last war, their indefatigable vigour in marching, the ease and agility with which, in a hostile country, they have overcome all natural and artificial impediments, their courage and presence of mind, their endurance in supporting privation and suffering, must be ascribed in a great measure to the gymnastic instruction of the soldiers, first in all schools, and later in their respective regiments."

Hitherto, our Government have not thought it worth their while to consider the subject, although the humble author of this address has called their attention to it twenty-six years ago, in a public letter "On the importance of Rational Gymnastics as a branch of National Education," addressed to the Lord President of the Committee of Council on Education; and a second time in 1870, in a pamphlet entitled "A Plea for the Compulsory Teaching of the Elements of Physical Education."

When foreign countries improve the quality and increase the thickness of the steel plates for covering their men-of-war; when they increase the size of their projectiles, or prepare a 100-ton gun, our Government is alive to the necessity of having the same or still more powerful weapons, and



do not hesitate to pay even half-a-million of pounds for a man-of-war, or £16,500 sterling for each 100-ton gun. But when it is the question of improving the physique of the real defenders of the country, years pass before they even inquire into the best means of obtaining this object, and the unavoidable effect of the neglect of popular practical hygiene, and of scientific physical education, is the progressive degeneration of the physique of the population in Great Britain. You will find some official and other statistics of this degeneration in the paper "On School Hygiene" which is in your hands.

Permit me to state but one fact, namely, that in 1845, out of 1,000 recruits, only 105 were under five feet six inches, while in 1873, more than three times as many, namely, 364 were under that height, and consequently the standard of recruits was necessarily and gradually diminished to five feet four and a-half inches, and the maximum of age increased from twenty-five to thirty years. Lord Beaconsfield said, in 1872, in the Free Trade Hall, at Manchester, "After all, the first consideration of a minister should be the health of the people;" further, "If the stature of the race every ten years diminishes, the history of that country will soon be the history of the past." According to the views of the Prime Minister, the history of England will soon be the history of the past, and Macaulay's New Zealander has therefore hopes of sitting sooner than expected on the ruins of London Bridge. According to the *Times* of October, 1878, the present ministry took office with a sanitary programme, which, as yet, they have done little to fulfil. Although eighteen months have passed since, the Education Department has not taken any steps for introducing elementary hygiene and scientific physical education as obligatory studies.

There is scarcely time to enter on the practical introduction of scientific physical education into schools, which should form part of this address. Before reading a few suggestions on this subject I will just mention that the Swedish Government and Parliament were the first to establish and support, in 1813, the Royal Swedish Central Training Institution for Gymnastics, at Stockholm, in which officers of the army, medical men, and male and female teachers, after having previously obtained their



certificates, are for two years gratuitously instructed in the various branches of scientific gymnastics—including hygiene, anatomy, physiology, the history, theory, and practice of rational gymnastics, as well as the knowledge of several internal complaints, and of various deformities and their gymnastic treatment.

During my last holidays I visited this institution, and, by the kindness of the professors and teachers, was able to convince myself of the excellence of the arrangements, as well as the theoretical and practical methods of instruction. There is a similar institution in Berlin, also in Wurtemberg and some other countries, but none can rival the Swedish one.

Two years ago I sent a young physician abroad for the purpose of obtaining information regarding scientific physical education on the Continent. Having prepared a list of fourteen questions my commissioner obtained official answers from their Excellencies the Ministers of Education in Belgium, Prussia, and Austria. He had besides to report on the practical physical training in the schools which he visited in Paris, Brussels, Ghent, Berlin, Vienna, Milan. An extract of this report is published in the pamphlet I have mentioned. The aim in making these inquiries was to gather information for myself, and to enable me to show Parliament and the Education Department how behindhand we are in an important branch of education, how many lives we sacrifice, how many diseases we cause, and how many millions of money we lose by the loss of valuable lives, and by supporting in workhouses, hospitals, and charitable institutions large numbers of people unable to work in consequence of disease and deformity. Having met with failure in my endeavours, I have accepted with much pleasure your invitation of addressing you in hopes that, by the powerful aid of this Conference, any suggestions I have to make may be carried out.\*

The School Board of London is the only one in England which has appointed a perfectly competent lady superintendent of scientific physical education, who is at present

\* Dr. Roth read the suggestions for the practical introduction of scientific physical education which have been made in his pamphlet "*On the Neglect of Scientific Physical Education and Hygiene by Parliament and the Educational Department.*" Published by Baillière & Co., London, 1879.



engaged in giving three elementary courses to the schoolmistresses who voluntarily attend. — A small number of schoolmistresses passed an examination last year, and could at once introduce what they have learnt hitherto, but no time is given or fixed for physical exercises, which should be considered as important as the other objects of instruction. In many schools there is not sufficient space for exercises nor sufficiently large rooms in which the furniture could be easily removed in a few minutes. The covering and partial enclosure of playgrounds is an additional expense to which the ratepayers object. But, even if these impediments were removed, there is still the want of inducement for these teachers giving gratuitously their time and work, and thereby lessening their chance of passing their pupils in the subjects for which they are paid.

At the close of this address Dr. Roth moved the following resolution—“ That it is the opinion of this meeting *that no training in schools is effective in which hygiene and physical education is not included, and that it is the duty of Government to provide a system of medical inspection in all schools.*”

To make this resolution practical, several modes might be suggested:—

(1) To send a deputation of this conference, accompanied by a number of influential Members of Parliament, to the Lord President and Vice-President of the Committee of Council on Education, to impress upon them the necessity of establishing a Central Training Institute for physical education; or to subsidise a few or all training colleges for the purpose of enabling them to give a similar instruction to all future teachers.

(2) To petition Parliament to grant payment to the teachers who, at present, being paid only for reading, writing, and arithmetic cannot be expected gratuitously to give their time for learning and teaching; or to ask for a Royal Commission.

(3) The formation of a society of teachers and others for the instruction of popular practical hygiene and scientific physical training, which are intimately connected.

This resolution was carried, with two dissentients, and an unanimous vote of thanks was passed to Dr. Roth.



PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Continued from page 113.

(10) *Medical Times and Gazette*. 1852, New Series.  
Vol. v., p. 7.

By Dr. F. W. MACKENZIE.

CORNELIUS KNIGHT, a stableman, aged 47, was admitted October 24th, 1851, with extensive gangrenous inflammation of the left foot. It was extremely swollen, dark, livid, and very painful and hot; the sensation of heat was so intense that it seemed to him as if the foot was being broiled; the pain, moreover, was aggravated by the slightest touch. At the outer ankle, extensive sloughing and vesication had taken place, attended with an offensive sanious discharge. He had for some days previously suffered from frequent rigors, succeeded by heats and flushings, great prostration, and much disorder of the stomach and digestive organs. These symptoms were also well marked at the time of his admission. He had evidently a low typhoid form of fever; was at times delirious; complained much of nausea and sickness, and had not slept for many days or nights. Tongue was coated, pulse feeble, and numerous pustules on face, neck, and shoulders. Ordered an emetic of *ippecacuanha*; followed by *blue pill*, and *sesquicarbonate of ammonia*, and cordials; the foot to be levated, covered with warm bread poultices, saturated with carrot juice; opiates at bedtime. He improved for five days. On fifth day after his admission, two dusky patches of inflammation appeared on the affected extremity; the one on the inside of the knee, the other a little below it; and on each of these patches a small circumscribed tumour arose, about the size of a walnut. These were extremely painful and tender, and in the course of a day or two suppurated. It was now discovered that about three months previous to his admission he had given a ball to a horse which was reported to have influenza, but which had a profuse thick yellow tenacious discharge from the nostrils, with greater constitutional disturbance than is usually the case in influenza. In giving the ball, the right little finger



was scratched and abraded by the horse's teeth, and on withdrawing it the discharge from the nostrils fell on the abrasion. The same night the finger became extremely painful and swollen, and shortly afterwards the swelling extended to the whole arm, which became very painful. By means of free incisions, and other appropriate measures, the severity of the local affection was much subdued. The finger, nevertheless, continued for some time subsequently in a very irritable and unhealthy condition. Three weeks after the accident, the left foot (the one affected on his admission) was attacked, without any apparent cause, with dark purplish inflammation, which, after subsiding in the course of two or three days, returned again, and continued to do so at intervals; and it was the return of one of these attacks which had been followed by sphacelation and the other symptoms observed on his admission. A man who was well acquainted with farcy and glanders in the horse, now carefully examined the swellings about the knee, and said they had very much the character of "farcy buds."

From this time, small circumscribed tumours or swellings of the same description began to appear upon the dorsum of the affected foot; at first they were hard and tubercular, and about the size of a pea; but in the course of a day or two, they became as large as a walnut, then suppurated, and discharged their contents into the subcutaneous cellular tissue of the foot, whence they formed a passage to the ulcerations around the ankle, and there escaped. Swellings, or rather abscesses, of this description continued to form, in succession, upon the foot, so that fourteen appeared in the course of a month. At first they had the character of small tubercles, which softened, and became abscesses; but after a time their contents became more and more serous, and at last consisted of a small quantity of watery fluid only. The patient said they appeared very similar to the farcy buds in horses.

The above treatment was continued for a month, for the amount of sphacelation and sloughing which continued to take place on the foot during this period, as well as the constitutional prostration, were very great. At the end of this period he was much better, the febrile symptoms had lessened, as well as the prostration; appetite had returned; tongue was clean; and he slept well at night; the sloughing of the foot had also ceased, and the ulceration left by



it had assumed a healthy character; the disposition to the formation of abscesses or "buds" on the dorsum still continued, for which he took *liquor arsenicalis*. In the course of a week, the disposition to the formation of these abscesses ceased; the ulceration of the foot continued to heal favourably, and he recovered steadily from this date. The foot, however, remained for some time cedematous and tender, after all other morbid appearances had ceased. Mr. Mavor, an eminent veterinary surgeon, pronounced the case to be farcy, and stated that the deviations from the ordinary disease which appeared in this case were only what also occur in the horse.

Another case reported by Dr Mackenzie in *London Journal of Medicine*, Sept., 1851, referred to.

(11) *Medical Times and Gazette*, 1852. New Series.  
Vol. v., p. 613.

By Dr. JAMES WALLACE.

April 16th, 1852. J. M., aged 40, was seized ten days ago with a rigor, followed by pyrexia and general uneasiness, and three days afterwards had swelling, pain, and redness in the middle of the outer side of left thigh, accompanied, within the last four days, by a similar condition of the posterior portion of the right. At present there is a subcutaneous abscess in the former situation, and nearly the whole of the latter is red, swollen, tense, and painful. There is urgent thirst; pain in right shoulder; skin hot and dry; tongue white but moist; bowels regular, though at the commencement of his illness rather loose; pulse 92, soft. Abscess has been opened, and exit given to about 1-12th oz. of thin sanio-purulent matter; and a free incision has been made through the skin and fascia of the posterior portion of right thigh. Ordered linseed poultice, *nitre*, *tartar emetic*, *opium*, and *camphor*.

17th. Slept well, but complains much of pain on dorsum of right foot, which is swollen and affected with redness, disposed in streaks. There are two peculiar pustules, one on inner side of left thigh, and the other on the back; they are about 1-6th inch in diameter, convex on surface, and very hard to the touch; the surrounding integument, for the space of 1½ inch, has an erysipelatous blush, which gradually fades towards the circumference. No other change.



19th. Slept ill. Much pain in foot, which is more swollen and red; has pain in right wrist and elbow, but none in the shoulder. The redness and swelling have disappeared from the right thigh, and the discharge from the abscess in the left is copious and thin. A considerable number of pustules, like those already described, have appeared on the extremities and trunk, and one also over each malar eminence. Tongue white and rather dry; thirst urgent; skin hot and dry; pulse 100, soft. Ordered *ipéc.*, and continue former medicine.

20th. Slept a little, but complains much of general uneasiness and debility; pain, redness, and swelling of foot subsiding; pain of joints abating; pustules still more numerous, and appearing on scalp; the swelling and redness surrounding those over the malar bones are spreading, and make the face look as if affected with erysipelas; appetite weak; thirst urgent; tongue brown and dry; pulse 108, too compressible. Omit medicine. Ordered *ferri-mur.*, and *morphia*.

21st. Slept a little; talks much during sleep; and is at present very restless, but rational; has some tremor, and begins to refuse nourishment. The pustules are appearing in great numbers, and their areolæ becoming livid, particularly towards their centres; and a few have burst, and are discharging unhealthy sero-purulent matter. The whole face and anterior portion of the scalp are affected with erysipelatous inflammations. The eyelids are very tumid, and cannot be opened. The left foot is swollen, painful, and affected with redness disposed in streaks. Both legs have erysipelatous blushes here and there, but not regularly in the course of the lymphatics. Urine deposits the ammoniaco-magnesian phosphate in great abundance. Tongue brown and dry. Skin hot and dry. Pulse 118, flabby. Ordered *morphia*.

22nd. Had a restless night; is very incoherent; lies prostrate and mutters constantly; breathing becoming hurried; rhonchus audible over both lungs. The pustules are still increasing, particularly on the scalp and face, both of which are enormously swollen, the whole of the latter being a dusky red. Pulse 124, very weak. Otherwise as before.

23rd. Died at 5 a.m.

It was ascertained that the patient, a few days before his illness, attended to a horse with chronic glanders.



References made to cases of Glanders reported by LAUGIER, in *Bull. de l'Acad. Royale de Med.*, Sept., 1839; ALISON, in *Monthly Journal of Medical Science*, Jan., 1851; also to *British and Foreign Medical Review*, Jan., 1842.

(12) *Medical Times and Gazette*, 1854. New Series, vol. 8, pp. 303.

Report of the Medical Society of London.

Mr. Cox read the notes of a case of *equina* (glanders) in a man aged 47. There was profuse salivation, foetor of breath, sloughy condition of the mucous membrane of mouth and fauces, with very severe constitutional irritation. He recovered under *carbonate of ammonia*, wine, &c. There was also in this case an injected and partially eroded state of the Schneiderian membrane; a very great and disproportionate disturbance of the nervous system, evidenced by obstinate watchfulness and slight delirium. The patient had been attending on a glandered horse, but had not touched it or been touched by its secretions, though he felt sickened by its breath. The period of incubation was about twenty-four hours. The remarks of Rayer, Copland, and R. Williams were quoted.

Dr. Hare related three cases which he had seen. One was of chronic glanders resembling syphilis, which was not fatal; the other two were acute, and died on the nineteenth and sixteenth days respectively. Both the latter occurred in persons residing in mews, one with and the other without probable contact with glandered horses. The first acute case occurred in a female aged 17, and was ushered in by muscular pains and prostration, the disease first appearing on the ninth day in the left eyelid. She aborted about that period. A *post-mortem* showed a white areola surrounding the pustules and bullæ, and the uterus was a mass of purulent disease. There was a little lymph in the pelvis and at the bases of the lungs.

The second case was a man aged 59, living over a horse hospital, in whom the eruption appeared first on the twelfth day, and then resembled herpes in its second stage.

Rayer showed that in nine cases the contagion could not have occurred from direct contact. Two-thirds of his cases died before the nineteenth day.

Mr. H. Lee said that Ricord had diagnosed a case in the Hospital du Midi as chronic glanders, there having been



no primary sore, while he (Mr. Lee) could see no distinction between it and other cases of syphilitic ulceration of the throat.

(13) *Medical Times and Gazette*, 1855. New Series, vol. 11., pp. 109, 132.

By Dr. BARKER.

Case I. George B., aged 50, was admitted July 1st, 1851. Ten days ago he was cleaning a horse, which had suffered from farcy, and probably glanders, for some time; and rubbed his little finger, where there was a small sore from biting the nail, against a diseased part of the animal. Next day the finger began to be painful and some matter formed which he let out by a needle on June 21st, and applied a poultice. On 22nd several lumps, varying in size from a horse bean to a nut, and at times tender to the touch, formed in various parts of the arm and forearm. There was also general uneasiness and aching in limbs. Bran poultices and aperient medicines were ordered. In two days the lumps increased in number, and the left arm, thighs, and calves, became similarly affected. On 25th a great number of bright red spots appeared on the body; they were about two lines in diameter, and had a darker central point. At the same time there was loss of strength, want of appetite, and great anxiety of mind. These symptoms, with slight variation, continued till the day of admission.

*Present state.* Face flushed, seems restless, anxious, and hurried. The small lumps on the extremities can in many places be easily discovered by the eye, and many more can be felt on passing the hands along the limbs; most of them are tender to the touch, some are hard, others soft. The red spots have become less numerous, only a few remaining on the thorax; and there are also several pustules, each containing a drop of pus, having hard bases, and no central depression. The headache, which was severe a few days ago, has ceased; the bowels are, and have been, rather confined. Tongue has a whitish brown fur. No appetite. Pulse 90, and without power. Ordered *jalap, mercury, quinine, sulphuric acid, gentian, and mentha pip.*, and some stimulants.

July 2nd. Most of the red spots have gone; the lumps generally are more tender and feel softer, one on the right ankle has become red, and the whole joint is somewhat



swollen. Pulse weaker; severe thirst, slight cough. Still continues restless and anxious, and appetite is bad, ordered soda-water.

July 3rd. Continues in a peculiarly agitated state. None of the red spots are so well marked as on 1st, but a few fresh pustules have formed. The little finger is more tender and painful, the right ankle more flushed; and in a swelling above the left knee there is distinct fluctuation, as also in several other smaller swellings in different parts of the body. He is weaker, and scarcely able to sit upright, is alarmed and anxious, and cannot sleep. Cough more troublesome, and breath shorter than natural. He now has itching and dryness in nose, dryness of throat, some hoarseness, and a little difficulty of swallowing. Pulse 96, feeble. Bowels have been freely relieved of a quantity of dark and very foetid stools. Ordered *opium*.

July 4th. Had more sleep and a quieter night, but altogether he seems worse, and continues to lose strength. He has now a discharge from the nostrils, like dirty mucus, and also a continual itching in the nose. The cough continues, with expectoration of very tenacious mucus, dirty, like that from the nostrils, and here and there streaked with blood. Still has dryness in throat, and the voice seems quite altered; cannot take a deep inspiration on account of a tightness across the chest; respirations much increased in frequency, and there is pain on pressure at the epigastrium. Tongue a little cleaner; thirst continues severe; pulse remains the same, feeble, but regular. Both ankles are now red, and very tender, as well as swollen. The tumour above the knee is a little larger, and has over it a slight ecchymosis. One or two small spots have also appeared on the face, as if the commencement of pustules. Ordered red wine and *morphia*.

July 5th. Was asleep when first visited this morning, but was observed to be very disturbed, the body being frequently agitated by muscular twitchings in different parts. During the whole night he slept in this disturbed manner. When awake he is frequently blowing his nose, which seems stuffed up. The mucus is dirty, thin, semi-opaque, yellowish, and occasionally streaked with blood, and is not very different from the expectorated matter, some of which probably comes from the same source, as he is frequently clearing his nose by an inspiration at the same time that he is clearing his throat of mucus. There is now



but one perfect pustule on the body; it is near the left clavicle, about the size of a pea, with a hardened base, and filled with yellow pus. Another, nearer the shoulder, has been ruptured, and has left a very unhealthy looking sore, with sloughy edges, surrounded by an inflamed areola, and discharging a little thin sanious matter. Many other smaller pustules are in a similar condition. The ankles are a little more swollen and discoloured. The lumps continue to increase in number and size, and are situated more particularly along the course of the lymphatics, in the upper and lower extremities, the earlier ones are softer. The abscess which had formed above the left knee was opened, and about  $1\frac{1}{2}$  oz. of ill-formed dirty-looking pus evacuated. Still has thirst and dryness of throat, with considerable difficulty of swallowing. The difficulty of breathing remains about the same; pressure beneath the ribs on right side. Much troubled with flatus, and the evacuations continue very offensive. Urine scanty, slightly acid, and very high coloured; specific gravity 1.022; no great excess of urea. Ordered wine, brandy, and *morphia*.

In the after part of the day he complained of severe pain in toes, and upon one of them a dark livid spot formed about the size of a sixpence.

July 6th. Many fresh pustular elevations with hardened bases have formed since yesterday, while here and there is one in which the hardened base is absent, and only containing a drop of pus. The toe is darker and the ankles more swollen; there is also a more general swelling of the feet. The nasal discharge has increased, and it now runs from the nostrils; the respiration is of the same character, the cough is not so troublesome, and there is scarcely any expectoration. Pulse 94, very feeble; tongue dryer and browner. A thin sanious fluid is discharged from the open abscess. The *morphia* gave him some sleep, he mutters a good deal while dozing and has frequent muscular twitchings. Ordered *hydrochloric acid*, *nitric acid*, *hyoscyamus*, and *mentha. pip.*

July 7th. There is a considerable increase in the number as well as the size of the pustules since yesterday. The red, hardened bases have extended, and become elevated above the surrounding skin, especially near the left eyebrow, where several pustules have become confluent. A great many more have appeared in different parts of the



head and face. The feet and ankles are now quite pale, except where the pustules have formed. The whole upper surface of the toe is quite black and cold, the foot very swollen, but not colder than natural. He dozes a good deal, and then has frequent muscular twitchings. There is at times delirium, talking in a low muttering form; and though he can be recalled to a certain extent to himself by speaking loudly, he quickly relapses into his former state. He lies on his back, slipping towards the foot of the bed. He is scarcely able to take his food, and seems to have a great difficulty in swallowing. The tongue is dry and brown; pulse quick and variable, sometimes feeble and small, 120; at others fuller, 108. Breathing much quicker than natural.

July 8th. The pustules are now scattered over all parts of the body, appearing to prefer the surfaces above the lumps, which are now quite soft, some red; the face and forehead are thickly beset with them. Many parts of the limbs have become livid, especially where any pressure is made. He can scarcely speak, but lies on his back muttering to himself, and snatching at imaginary bodies. The nasal discharge is not so great, but very offensive, as is the case with the whole body. He takes no notice of those around; when spoken to loudly he opens his eyes, but instantly relapses again. Breathing is shorter and almost gasping; skin dry; tongue dry and almost black; pulse irregular, 160; features sharpened; evacuations passed involuntarily; inability to take any food. He continued in this state, the twitchings gradually ceasing, till 7 p.m., when he died quietly.

Case II. By Mr. Carpenter. Elias B., aged 48, bought a glandered horse October 18th. He received a blow, in a quarrel with the horse-dealer, on the upper lip, causing a small lacerated wound. A few days afterwards the lip became painful and began to swell; this was soon followed by pains in legs and arms. Mr. Carpenter saw him on September 4th, and found him in a very deplorable state. The upper lip and right side of face were very much swollen; the right eye nearly closed; the skin nearly livid about the lip, the right half of which was a dark dry slough, with a good deal of dried purulent discharge about it. Surrounding this livid part was a lighter erythematous surface, extending up the side of face and forehead. Beneath the slough was some unhealthy-looking pus, and in



the livid portion of the cheek were one or two furunculoid spots. The right elbow was swollen from the middle of the forearm to about three inches above the condyles of the humerus, very painful, and exceedingly tender; the skin had an erythematous blush, similar to that of the face, much darker in the centre than at the circumference, where the redness was more vivid. There was a somewhat similar place on the front of left leg, but much less extensive. The constitutional symptoms were rather high, but the pulse was not hard. A poultice was applied to the lip, warm fomentations to arm and leg, and some simple saline medicine given.

Sept. 5th. Swelling, redness, and pains were less severe. The slough had separated, and had left a deep unhealthy-looking ulcer with excavated edges; no spots or pustules except that mentioned on the cheek.

Sept. 6th. Redness, swelling, and tenderness still less. The appearance of the elbow was much altered; the swelling had become quite prominent, and more circumscribed, principally seated over the supinator muscles, below the bend of the elbow; it was much softer. Severe aching pains in all his limbs, and still believed, as he did on the 4th, that he had rheumatic fever. Pulse soft, 90; tongue loaded with a white fur; scarcely any appetite; some little thirst. The excavated ulcer on lip seemed a little larger; the swelling about forehead and right eye and the erythematous redness were nearly gone. The discharge from the sore was profuse, dirty, and very offensive; the front of the leg very painful, but less swollen, and not so circumscribed as that of the arm.

Sept. 8th. The swelling on forearm presented the characters of a circumscribed abscess. The redness was gone, except in the centre of the swelling, where pus seemed to be presenting. It was opened, and about 6½ ozs. of ill-formed offensive pus evacuated. The pain had been very acute, but was at once relieved by the operation. The leg continued in the same state. The ulcer in the lip was not extending, but the edges continued excavated, the discharge sanious and offensive. The swelling and redness were quite gone. The aching pains in limbs were severe, and prevented his sleeping at night. Tongue had a yellowish moist coat; appetite a little better; less thirst; pulse 90, rather weak. Altogether he felt better. Bowels confined. Ordered a purgative, and *mercury* and *opium*.



Sept. 10th. Much the same; perhaps less discharge from lip. There was fluctuation in front of left leg; about  $1\frac{1}{2}$  oz. of pus, somewhat similar to the former, was let out, and poultices applied. Mercurial ointment applied to lip.

Sept. 13th More decided symptoms of debility. Felt languid and faint; pulse 86, very weak. Tongue cleaner; skin moist; appetite better; scarcely any thirst except in the night. Some red granulations could now be seen at the bottom of the ulcer, which seemed to be filling up; it was also less excavated, and the discharge, though profuse, was not so offensive. The abscesses discharged freely, and were now quite easy; but he had tender lumps in both calves, which interfered with his position in bed. The pains in limbs not so severe. Some cough, and a little tenderness beneath the left pectoral muscle. Ordered stimulants, *carbonate of ammonia* and *cinchona*.

Sept 14th. Seemed worse, being much alarmed on account of being told that he had *glanders*. He became restless, more anxious, and with more severe pains in limbs; but his pulse continued weak, 88. Tongue a little cleaner. The appearance of the lip had improved, healthy granulations springing up on the inner side, although another small slough had formed and separated on the outer side. Cough had increased. Felt better after a large dose of wine. Not having slept so comfortably, the *opium* was increased to  $1\frac{1}{2}$  grains every night. During the next few days he seemed to improve; the abscesses and lip continued to discharge, but the amount gradually decreased. The swelling in right calf increased in size, became very tender, and at length an erysipelatous blotch appeared over it. The sloughy appearance of the lip departed, and it became a healthy ulcer, with healthy purulent discharge; at the same time his mouth became a little tender, and his breath had a mercurial fetor; he also had darting pains in back of head and nape of neck, with now and then a slight rigor. The cough varied very much; at one time severe, with a stringy frothy expectoration, when physical signs of chronic bronchitis could be heard; at others slight and dry. Appetite, pulse, and appearance, much the same.

Sept. 16th. Eyes are affected, the lids gumming up, and in a day or two discharging some purulent stuff. They



recovered after repeated applications of warm fomentation, and a slight astringent lotion. Occasionally a tender spot would form, feeling like a little hard lump; in a day or two it would quite depart, and one or two others would appear in another part of the body.

Sept. 19th. The abscess in the right calf was opened, and about  $\frac{1}{2}$  oz. of pus let out. About this time also the cough became exceedingly troublesome, with profuse stringy expectoration, not at all gummy or rusty; he received benefit from mustard cataplasms to chest. The lip had now nearly healed, and the furunculoid spots on cheek had gone. The abscesses opened first scarcely discharged anything, and the pains in the limbs were much easier. The gums becoming rather too spongy, the *mercury* was omitted, but the *blue ointment* was continued a little longer; it was left off on Sept. 25th, when the lip had quite healed, and the gums had recovered again. He now began to get very feverish towards evening, and to have a more decided attack of rigors, occasionally followed by profuse sweating, but the tongue kept clean, and the appetite good. His weakness increased so much that he could not raise himself upright in bed. Another abscess developed itself in the right calf. It was opened, and a small quantity of pus let out. The cough and expectoration had much decreased. Pulse continued weak, about 96. Ordered, *sulphuric acid*, *sulphate of iron*, *opium*, and *infus. gentian. co.*

This medicine rather checked his profuse sweats. On the 28th, he had a much more severe attack of rigors, and in a day or two several red elevations appeared about the body. The circulation seemed at times to become impeded in the extremities, and once or twice the left hand became cold and livid, and then black, looking as if gangrene had commenced; but after the application of warmth, the swelling, coldness, and dark colour departed. The elevations were dark red, exceedingly tender, and felt hard. The number on the forehead, scalp, and sides of the face was very great; they were also numerous on the upper extremities, but not so many on the body or lower extremities. About Oct. 4th the number was the largest; and then there seemed to be two kinds, one darker, another set lighter, and like minute spots of *erythema nodosum*. Upon a few of the darker ones now appeared a small pustule, of the kind which Willan calls phlyzaceous.



The pains in the limbs and about the joints became exceedingly severe; the latter at times were swollen and tender to touch. Such was his state on Oct. 4th, when he was so weak that he could scarcely raise his hand to his head; he had an exacerbation of the fever every evening; pulse weak, 100; very capricious appetite, so that it was necessary to vary his food, wine, ale, porter or brandy being given as his fancy dictated. Ordered, *citric acid*. After this had been taken for a few days, the spots began to disappear, and the pustules to die off, while the heat of skin and profuse sweating decreased. About Oct. 12th the nose began to be tender, and to require frequent blowing. The cough had nearly ceased, and the aching pains in limbs much less. On the following two days there was some slight bleeding from the nose; and on 16th a discharge of thick, slimy, yellowish, semi-opaque mucus commenced, which in the course of a day or two became profuse. As soon as the spots began to decline he began to recover his strength and appetite; the abscesses had quite healed, and the tender lumps seemed to melt away. The bowels, which had been rather confined all through his illness, now frequently were relaxed, but not to any great extent. Ordered *quinine* and astringents, and a solution of *nitrate of silver* to be injected into the nose. On Oct. 24th the eyes again became affected, and were treated in a similar manner, with success, though they remained weak, and discharged a little purulent-looking stuff for a long time. The nasal discharge continued until the end of October, when it gradually ceased. The spots had then all disappeared; the sweating continued, but less profusely; he had still a good deal of pain in his limbs, but he was very much stronger. He gradually improved, and on December 1st was in a very fair way of losing all traces of the disease. Reference made to Rayer's *De la Morve et du Farcin chez l'Homme*, 1887; to Percival's work, published 11 years later, also to Waldinger's remarks in 1810.

Case III. By Dr. Parker. Thomas C., aged 46, was admitted June 21st. He had had a glandered horse in his charge, was believed to have inoculated himself, and had been ill about ten days. The disease had now become well marked. There was an offensive ichorous discharge constantly exuding from his nostrils; the lining membrane of the nares was red and tumid; the whole face was swollen



and bloated, and the forehead, eyebrows, bridge of nose, &c., were in a condition resembling phlegmonous erysipelas, the skin being hard, tense, and brawny. Gangrene was commencing over the root of nose, and from the dusky appearance of the integument round the patch, looked likely to advance. The odour of the breath was peculiar and very nauseous. The extremities and trunk showed a rather copious eruption of ecthymatous pustules; in many parts there were subcutaneous indurations, neither very tender nor much reddened, varying in size from a walnut downwards. In some parts the skin itself had assumed, in small circumscribed patches, a peculiar yellowish brown colour, looking much as if it had been tinged with *nitric acid*. The subcutaneous indurations just spoken of occurred especially in the neighbourhood of the joints of the lower extremities. The skin generally seemed tender, and he complained whenever touched. He was extremely feeble, but could talk and swallow apparently without pain. He was rational for the most part, and could answer questions, but occasionally rambled. Tongue dry and furred. Wine and brandy were given. Free incisions were made into the brawny and swollen integument of the forehead. The knife did not appear to cause much pain, and very little blood flowed. In the course of the afternoon he rallied a little, the tongue became moister, and the skin acquired increased heat. The delirium, when present, was nowise fierce; he made no attempts to get out of bed or resist his attendants, but lay talking about his horses and other home matters. Next day there was little change. Stimulants, *ammonia* and *bark* had been given. He had passed a sleepless night. More of the indurations in the subcutaneous cellular tissue had formed, and some appeared to have suppurated; the sloughing of the skin on the forehead was extending; the nasal discharge of yellow tenacious mucus still continued, and the breath retained its nauseous odour. He was seen again about noon; there was no material change. He could protrude his tongue, but could not answer questions. Skin was very hot, and perspiring profusely; pulse large, but so extremely compressible that the slightest possible pressure extinguished its beat. The sweat seemed in some degree to partake of the disagreeable smell of the breath. He was evidently sinking, and died at 4 p.m.



(14) *Provincial Medical and Surgical Journal*, 1842.  
Vol. 8, pp. 499.

Report of Royal Academy of Medicine (in France.)

M. Ambroise Tardieu exhibited the nasal fossæ of a man who had died from chronic glanders. He had attended to a horse with that disease. Towards the end of December, 1840, numerous abscesses formed on various parts of his body, he had constant diarrhoea, and gradually lost flesh, these were the only symptoms during the fourteen months he was in the hospital. The abscesses healed up at once, and about a year ago, he left, thinking himself cured. Fresh abscesses soon formed, he sank gradually, and died in a state of marasmus on March 5th, 1842.

*Post mortem.* Various collections of pus in subcutaneous cellular tissue, muscles, right wrist, and left ankle joint, in the nasal fossæ the septum was perforated by an opening as large as a ten-sous piece; this was surrounded by a red elevated circle, and at the posterior part of the septum and turbinated bones there were numerous ulcerations. Lungs presented a great number of ecchymosed spots, and contained several metastatic abscesses.

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THE CLIMATE OF DAVOS.

THE following observations on the state of the weather at this rapidly rising health-resort for the phthisical have kindly been prepared for us by Mr. and Mrs. M'Morland, who are spending this, as they have done several previous winters, at Davos.

It may be remarked that throughout the Continent the weather this winter has been unusually severe. The cold has been more intense than has been known for a long series of years. Only a fortnight ago the very considerable lake of Zurich was frozen over throughout, and 70,000 persons were skating upon it on the 1st February. In England we have had bitterly cold weather, while fogs and damp have been unusually prevalent.

When these facts, and their especially prejudicial character to invalids suffering from pulmonary disorders, are taken into consideration, those who have had the good fortune to have spent so much of the winter at Davos may well be congratulated. The variations in temperature have been



great; but this feature, though so serious in our damp climate, is really comparatively little felt in Davos, where the air is at once so dry and so still. The number of days of cloudless sunshine recorded is remarkable. On such days, be it remembered, the worst of Davos invalids are able to be out of doors and to enjoy the pure, still air and warm sun of the locality.

The following tables and notes have been compiled with scrupulous care, and the instruments so arranged as to ensure complete accuracy:—

METEOROLOGICAL OBSERVATIONS, HOTEL BELVEDERE,  
DECEMBER, 1879.

Date.	BAROMETER in inches.	THERMOMETER.			BULBS.	
		Max. in figures.	Min. in figures.	Solar Max.	Dry Bulb.	Wet Bulb.
1	24.40	14.3	1.8	46.3	13.0	13.0
2	24.57	10.25	3.0	43.5	9.0	9.0
3	24.70	18.2	9.5	99.0	17.0	15.0
4	24.56	34.0	13.0	117.0	28.2	28.0
5	24.39	34.0	25.5	71.0	27.2	27.0
6	24.60	21.0	3.75	78.0	20.0	19.0
7	25.70	16.75	1.56	98.5	15.0	15.0
8	25.05	15.30	— 14.0	110.0	3.0	3.0
9	25.00	12.30	— 16.7	99.0	.5	.5
10	25.12	18.5	— 14.7	122.5	10.0	10.0
11	25.15	19.5	— 8.0	118.0	18.0	17.0
12	25.18	21.0	— 6.1	52.5	19.0	18.0
13	25.21	20.0	10.25	119.5	8.5	8.5
14	25.20	17.28	9.75	120	11.2	10.7
15	25.12	18.25	— 7.0	130.5	12.2	10.7
16	25.25	32.5	3.0	121.5	30.0	27.0
17	25.00	34.5	— 3.0	125.5	33.0	31.0
18	25.05	38.0	8.7	128.0	34.0	33.0
19	25.19	39.5	9.0	120.0	35.5	33.5
20	25.21	39.25	14.0	132.0	34.5	32.5
21	25.30	39.5	14.3	123.0	34.5	31.8
22	25.45	37.0	13.5	129.0	36.0	30.0
23	25.50	39.5	12.25	132.0	37.0	32.0
24	25.40	37.75	14.0	127.5	37.5	24.2
25	25.33	37.70	12.80	127.5	30.0	28.0
26	25.30	39.75	11.33	127.0	33.0	31.0
27	25.28	36.0	12.0	127.0	32.1	29.6
28	25.38	35.0	10.5	124.0	31.2	27.2
29	25.24	39.5	13.25	106.0	38.5	32.5
30	25.09	38.5	23.5	138.0	37.0	30.0
31	25.10	34.5	12.0	51.0	33.6	32.5



METEOROLOGICAL OBSERVATIONS, HOTEL BELVEDERE.  
JANUARY, 1880.

Date.	BAROMETER in inches.	THERMOMETER.			BULBS.	
		Max. in figures.	Min. in figures.	Solar Max.	Dry Bulb.	Wet Bulb.
1	25.27	35.7	22.0	62.5	35.0	34.0
2	25.28	38.5	28.3	131.0	29.5	28.0
3	25.29	39.7	9.0	142.0	35.0	30.0
4	25.32	35.5	6.0	130.0	33.0	28.0
5	25.27	39.70	10.3	133.5	35.0	30.0
6	25.30	38.3	10.7	134.0	35	29.25
7	25.34	39.3	12.0	135.0	35.0	31.3
8	25.27	31.75	9.6	133.6	31.5	28
9	25.20	37.5	9.0	132.0	33.25	27.55
10	25.20	35.25	9.6	129.7	30.3	25.5
11	25.21	34.75	8.7	130.0	32.5	27.0
12	25.23	28.5	5.0	129.0	29.25	24.25
13	25.25	30.0	5.0	133.5	29.25	24.0
14	25.20	39.7	5.75	138.0	27.25	22.0
15	25.18	22.5	12.25	111.5	20.0	18.25
16	25.10	21.5	7.5	124.0	15.25	14.0
17	24.77	20.5	15.3	46.5	20.25	19.25
18	24.72	22.5	14.5	62.5	21.0	19.0
19	24.86	20.0	—15.5	130.0	18.0	16.25
20	25.02	20.0	—12.5	122.5	18.0	15.0
21	25.13	18.75	10.0	50.0	17.5	17.0
22	25.03	25.25	—10.2	141.0	20.0	16.25
23	24.93	20.0	—5.7	125.0	20.0	16.25
24	25.06	28.75	—2.5	130.5	23.0	19.0
25	24.99	35.7	12.5	137.0	30.7	25.0
26	25.04	36.75	9.8	136.0	30.0	23.7
27	25.07	37.7	6.75	135.5	34.5	29.0
28	25.17	39.3	8.3	133.5	38.0	30.0
29	25.22	42.0	14.0	134.5	41.5	35.0
30	25.23	42.75	15.5	150.5	40.2	31.5
31	25.20	40.0	16.0	119.7	36.2	30.25

The following observations have been made with the greatest care and attention. By "cloudless," an *absolutely cloudless* sky is meant—not the faintest streak of cirrus from 6 a.m. till 6 p.m. Nights glorious. When no wind is mentioned, it is to be understood that not a breath of air was stirring; an absolute and complete calm existed.

- Dec. 1. Slight fall of snow; cloudy sky; a cold wind  
—not high wind.  
,, 2. Snow-showers from time to time; cloudy sky;  
a little wind.



- Dec. 3. Bright sunshine (with some white clouds) till 1 p.m. ; afternoon cloudy.
- „ 4. Splendid sun (from sunrise) till 10.30 a.m., then cloudy ; at 2 p.m. sun again, and calm.
- „ 5. Absolutely clear till 7 a.m., then clouds and wind ; from 12 a.m. snow, but not a heavy fall.
- „ 6. Grey ; no wind ; now and then a little sun ; some snow, but not a heavy fall.
- „ 7. Sunshine all day, sometimes its strength lessened by a thin veil of cirrus ; slight wind.
- „ 8. Brilliant sunshine, now and then some white clouds visible.
- „ 9. Absolutely cloudless.
- „ 10. Absolutely cloudless till 2 p.m., after which one or two streaks of cirrus were visible.
- „ 11. Splendid ; now and then some streaks of cirrus.
- „ 12. Cloudy, slight fall of snow ; wind from 2 p.m.
- „ 13. Cloudy till 10 a.m. ; after that sunshine, but white clouds visible all day.
- „ 14. Absolutely cloudless.
- „ 15. Ditto.
- „ 16. Ditto.
- „ 17. Ditto.
- „ 18. Morning and evening cirrus visible ; from 10 a.m. till 4 p.m., *cloudless*.
- „ 19. Splendid ; some light clouds visible till 11 a.m., then *clear*.
- „ 20. Splendid ; now and then cirrus visible.
- „ 21. Absolutely cloudless.
- „ 22. Ditto.
- „ 23. Before 9 a.m., cirrus visible ; later on, absolutely cloudless.
- „ 24. Absolutely cloudless.
- „ 25. Ditto.
- „ 26. Ditto.
- „ 27. Ditto.
- „ 28. Some light white clouds.
- „ 29. Cloudy, only sunshine now and then.
- „ 30. Sun till 10 a.m., then cloudy all day.
- „ 31. Snow almost all day—not a heavy fall.



1880.

- Jan. 1. Snow all day—not heavy.  
,, 2. Cloudy till 12 a.m., then splendid sunshine.  
,, 3. Almost cloudless till mid-day; afterwards  
clouds from time to time obscured the sun.  
,, 4. Splendid—a few streaks of cirrus visible.  
,, 5. Splendid till 2 p.m.; then a good many  
clouds.  
,, 6. Splendid. Before sunrise some streaks of  
white cloud; after sunrise till sunset,  
*cloudless*.  
,, 7. Absolutely cloudless.  
,, 8. Ditto.  
,, 9. Ditto.  
,, 10. Ditto.  
,, 11. Ditto.  
,, 12. Ditto.  
,, 13. Ditto.  
,, 14. Splendid till mid-day, though with light  
clouds; the afternoon cloudy, and some  
wind.  
,, 15. Snow almost all day—not heavy; a little sun.  
,, 16. Clouds, and snow falling till 2 p.m.; from  
3 p.m., perfectly clear.  
,, 17. Snow almost all day—not heavy.  
,, 18. Ditto.  
,, 19. Splendid; white clouds now and then visible.  
,, 20. Absolutely cloudless.  
,, 21. Grey day.  
,, 22. Very fine till 1 p.m., though not cloudless;  
then a grey sky, and a very little wind.  
,, 23. Absolutely cloudless.  
,, 24. Ditto.  
,, 25. Ditto.  
,, 26. Ditto.  
,, 27. Ditto.  
,, 28. Splendid; some streaks of cirrus visible in  
the south.  
,, 29. Splendid; now and then a feathery streak  
visible.  
,, 30. Splendid—though white clouds for a few  
minutes obscured the sun.  
,, 31. Very fine, but a light veil of cirrus now and  
then for a few minutes obscured the sun.



## REVIEW.

*Curability of Cataract with Medicines.* By JAS. COMPTON BURNETT, M.D., F.R.G.S. London: The Homœopathic Publishing Company, 1880.

WHENEVER we see any publication with Dr. Burnett as the author, we anticipate much pleasure in reading it, feeling sure he will give us something original, valuable, and worth study, and in the present instance we are not disappointed. Cataract is always looked upon by allopaths, and too often by homœopaths also, as beyond the pale of internal drug treatment, and only to be relegated to the ophthalmic surgeon for operation.

Dr. Burnett's aim in the present little volume is to point out that this is a mistake, and that cataract is really in many instances curable with the aid of medicines alone. He tells us that what induced him to study this subject, was the case of a lady about 46 or 47 years of age, in whom he had cured a condition of acute ophthalmia which had recurred twice every year for several years, which usually lasted for weeks, and which seemed to resist all former (allopathic) treatment. She was so delighted at the result of homœopathy in her case, the cure being complete in three days, that she asked Dr. Burnett if he could cure her cataract, which had been diagnosed as such by two London oculists, and which was, by their advice, waiting for operation. This Dr. Burnett agreed to try. "I must confess," he says, "that I smiled at my own temerity. But I consoled myself thus: What *harm* could it do to treat her while she was waiting to get blind? At the worst I should *not* prevent it." The result of a year's treatment was a complete cure. And here we may note what seems to us a special charm in Dr. Burnett's works. There is no dogmatic assertion, no attempt at overstating his cases and his difficulties, but he carries the reader along with him as a fellow-student, to whom he is relating the progress of his investigations.

Having reported this case, our author proceeds to quote a number of cases from homœopathic literature, of undoubted cataract cured in many cases—in others improved—by medicines alone. In chapter third, he gives a clear and interesting account of the structure, &c., of the lens and its capsule, concluding with an account of its embryology. This latter is an important link in the chain of the argument. Dr. Burnett points out that in the embryo, the lens and its capsule are formed from the epidermis. In other words, that the lens and capsule are really analogous to the skin, in fact originally a portion of it, and that *à priori* we should expect that medicines which can deeply affect the skin ought to be of value in diseases of the capsule and its contents. He points out the fact—very interesting as bearing on



this point—that cases of cataract have arisen from the repercussion of skin diseases, and that in many cases of cured cataract an eruption on the skin became developed. In chapter four, Dr. Burnett quotes from the writings of a number of allopathic oculists, in which, though most of them pooh-pooh the possibility of curing cataract by medicines alone, they admit that cases of this disease have recovered spontaneously, or at all events without operation. One writer says: “Cases, no doubt, have occurred, but they are assuredly rare, in which cataract has been cured by the use of drugs”; and yet on the same page he speaks slightly and cynically of treatment by medicines. As a comment on this mode of writing, Dr. Burnett adds the pithy sentence, “Oh! prejudice, *thy* optic capacity is indeed a thousand-fold worse than the hardest cataract, and oh! how *senile* withal. To purge such a visual ray would require more euphrasy and rue than could be found on the whole globe.”

In chapter fifth our author gives some further encouraging results of his own, and concludes in chapter sixth with some interesting remarks on Hahnemann's doctrine of psora as bearing on this subject. In this much-laughed-at doctrine, Dr. Burnett believes firmly, and we are glad to express our entire concurrence with him on this point. The more we see of disease, acute and chronic, the more we observe the wonderful genius and sagacity of the great Hahnemann in his views of the causation of disease, and of his doctrine of psora in particular. Dr. Burnett concludes by asking his *confrères* to try to cure cataract with medicines alone, pointing out that at least no harm can be done, as no oculist will operate till a cataract is ripe. This involves a long time of weary waiting and gradually increasing blindness. This time of waiting could not therefore be more profitably employed by the physician than in doing his best to cure the disease, and thus prevent the necessity of operation. We heartily recommend the careful perusal of this interesting and original work to all who wish to do the best for their patients, and to still further prove the wonderful power of medicines selected according to the law of similars.

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## NOTABILIA.

### CLEVELAND (U.S.A.) HOMŒOPATHIC HOSPITAL.

THIS admirably arranged and well-furnished building was formally opened in October last. The large hall on the second floor was occupied with a flower stall, another devoted to the sale of works of art, a third to sweetmeats, a fourth to that of aprons, and one to the disposal of fancy goods, while refreshments were to be had in the basement. The Cleveland newspaper of the day following tells us that “the rooms and halls of the building were



literally jammed with people composing the *élite* of the intelligence and wealth of the city."

The ceremonies on the occasion were opened by the Rev. CHARLES S. POMEROY asking the blessing of God on the institution, the donors, and the various committees which had worked so faithfully for its success. After prayer, the Mendelssohn quartette sang "We'll Sing a Song of Gratitude." Dr. D. H. BECKWITH, the Chairman of the Building Committee, then handed the keys to the President and Trustees of the Hospital. In doing so, he delivered the following address:—

Mr. President, Ladies, and Gentlemen : It is my pleasant task, in behalf of the Building Committee, to report to you and the Board of Trustees, that our work of building the Cleveland Homœopathic Hospital is finished. The structure is completed according to your directions and specifications at a cost of about \$28,000. Its architectural design, mechanical construction, and complete sanitary arrangements admirably adapt the building to its intended use. Looking back to the time the corner stone was laid, we have reason to congratulate each other that all, and more than all, that we anticipated, has been realised. It has been completed without an accident of any kind to the many workmen who have been employed in its erection. A little more than eighteen months ago the sum of \$20,000 was subscribed by generous men and women of this city for the purpose of building a hospital. This amount was placed at the disposal of the Building Committee, who found the sum inadequate to complete the structure according to the plans you had contemplated. It was then that the ladies who had laboured long and faithfully to maintain the small hospital that stood upon this very ground joined with others in fitting up one of the most attractive exhibitions ever known in this or any other city, and it seemed strange that a place so singularly beautiful should have been known by so common a name as "A Loan," yet there was realised from this "Loan" the sum of nearly \$13,000, to be divided between this and another hospital. We give them praise as well as our gratitude to-night. It would take a long list to tell you of every one that merits your favour for work done on this building. The patient workers who solicited the funds, the generous givers, the conscientious mechanics, and many others, are worthy of your thanks. Among them are Messrs. Coburn and Barnum, the architects who designed this structure and watched its progress day by day. And yet one more person I must especially mention, and that is Captain J. Ensworth. He has toiled day and night collecting subscriptions to the hospital fund without one dollar compensation. To him we all owe many, many thanks. This charity, so munificent, so noble, is a gift of benevolence. Its managers are ladies inspired by the highest and holiest aspira-



tions of human nature. The management of so large a hospital will be freighted with responsibilities. To provide the necessary funds for its maintenance will require no small amount of time and perseverance. But the good done to the sick and wounded must be the only reward of those who labour for this noble charity. The Samaritan that stopped by the wayside and bound up the wounds of the bleeding Gentile received the highest praise that could be awarded to man—the approbation of the Son of God.

And now, Mr. President, I am about to deliver to the trustees the charge of this hospital, whose building they committed to us. In the name of my associates and myself, we return our thanks to those who have aided us in our work. We present you this key, and are most happy to inform you that we owe not a dollar on the building. Will you take this key, and with it unlock and throw wide open the doors of this generous gift from the people of Cleveland, and invite all, regardless of religious tenets and medical creeds, to join with you and labour for those who may be so unfortunate as to require the care of this hospital?

The President, Mr. HANDY, replied, thanking heartily all who had taken part in the work of erecting the hospital, and congratulating all on the facts that it had been built so economically and that every debt for its construction had been fully paid.

After some more singing, the Rev. Dr. BROWN, of Cleveland, expressed the thanks of the citizens of Cleveland for the noble addition that had been made to their philanthropic institutions.

After some concluding remarks by the PRESIDENT, the visitors betook themselves to the different stalls and the refreshment rooms, while the Germania Orchestra discoursed sweet music.

In the designing, building, and general arrangements of this hospital, the greatest forethought and care have been displayed. The situation is at once central, elevated, and open. Placed close to the junction of four of the main arteries of Cleveland, it is extremely easy of access to all interested in it. The street in which it stands is wide, and the building surrounded on either side and at the rear by considerable open spaces.

The following accurate account of its structure and general arrangements is taken from a Cleveland paper:—

“The site of the hospital is about the highest elevation in the city. Its architecture is a sort of combination of the mediæval and modern, and could probably be called ornamental *renaissance*, as far as exterior appearance goes. Inside the style is plain and convenient, not adhering severely to any fixed principle, but built with an eye to the comfort and convenience of those whom it is intended to accommodate. It is built substantially of brick, with a rational disposition of bands, window-caps, sills, and other



essential features. The roof is covered with red earthen tile, with ornamental hips and ridges, which makes a roof equal to the best quality of slate. The walls are hollow and furred on the inside, to ensure complete exclusion of dampness. The floors are mostly of hard wood, which are to be treated with paraffin, so as to be impervious to infectious and contagious diseases, and are all deadened with cement, in order to prevent the transmission of sound and add to the fireproof quality of the building.

“ The hospital is five stories high, including the English basement, which is built mostly above ground.

“ On the basement floor there are the boiler-room, store-room, dining-room for the administration of the building, pharmacy, kitchen, and laundry. The laundry has no connection with any other portion of the building. The floor is of asphalt, and it is furnished with ventilating flues to remove the steam. A large yard is in the rear of the hospital, where clothing can be dried in fair weather, and a dry-room in the fourth story, to be used as occasion may demand. There is also an underground cellar in the rear of the building for vegetables, &c. On the second floor are rooms for the directors and managers, reception-room, physicians' and matron's rooms, private wards, patients' dining-room, nurses' room and kitchen, male surgical ward, male medical ward, and a receiving ward, where patients can be taken without entering the main building. This ward is near the surgical ward, and will be furnished with all the comforts and appliances that a surgeon may require. Patients can be transferred by the elevator from this room to any story in the building without change of bed, operating-chair, or table. The third story in the administrative building includes private wards, patients' dining-room, nurses' room and kitchen, and a reading-room for the special use of patients. In the rear is a large ward for children and a ward for female patients. These wards are of the same size as the large wards on the second floor (18ft. by 85ft.) The fourth and fifth stories will not be entirely completed or furnished until the bazaar is taken away, but will be in use as the lady managers of the Hospital may direct. The different stories are connected by front and rear stairways, by the elevator, and dumb waiters. The arrangement of the different rooms and wards is such that but few assistants and nurses will be required to take care of the sick.

“ All upright soil pipes are taken out through the roof. This insures free vent for all gases generated in the soil pipes. The main line of sewers is trapped outside the building, so that the upright pipes may not serve as vent pipes for the street sewer. Each fixture is trapped, so that there is no passage of air from the wastes into the fixtures. All washbowls, sinks, closets, and



other fixtures are so arranged that the air will flow downward into them and through the wastes to a ventilating pipe attached above the trap. This draught is secured by the aid of heated shafts at various parts of the building. Should any gas escape through the traps into the fixtures, it will be caught by the downward current of air and taken off above the trap to the external air. By these means it is entirely practicable to take care not only of any gas that may escape into the soil or waste pipes from the street sewers, but also any that may be generated inside the soil pipes, washbowls, closets, and other fixtures. Special pains have been taken to so arrange all fixtures that there is the least possible chance for the collection of filth anywhere about them. All the water pipes, waste pipes, sewer and gas pipes pass, without any enclosing of woodwork, directly through the floors, are in full sight above and below, and are closely secured at their joints. Commodes will be provided for the use of patients who are unable to walk to the water-closets, and are so arranged as to secure downward draught through the seats. The exit for the foul air in the ventilation of the bath-rooms is placed over the slop-sink, so as to remove as quickly as possible all odours occurring by their use.

“ The building is heated and ventilated by means of a low-pressure steam apparatus. Steam pipes are distributed through the apartments to supply heating radiators, and through the upright ventilating shafts for the purpose of producing currents of air therein. The steam is generated in boilers that are in the basement story, the condensed water being returned by gravity. There is a large boiler, 12ft. long and 48in. in diameter, for winter use, and a smaller one for supplying the summer or ventilating system of pipes. Each ward in the hospital is supplied with radiators of sufficient heating surface to keep up a proper temperature during the coldest weather ever known in Cleveland. Fresh air openings connect each ward with the outer air in such a manner that the incoming air will flow directly over the heated pipes of the radiators. Provision is made for the exit of foul air by the way of ducts and fire-places. An upward and outward current of air is brought about in the ventilating ducts by the vacuum system, the upright shafts being heated for that purpose. To ensure draught at all times up the flues of the fire-places, whether there is fire or not, and to prevent a change of current in them by the suction of foul air, shafts, or other causes, they are connected with shafts that are heated the same as those that are used for ventilation. By this mode of heating and ventilating the grate, fire might seem almost useless ; but an open grate fire adds cheerfulness to the apartment, and comfort to many a nervous patient. It also affords an opportunity for fire during the spring and fall



months, when the large heating apparatus is not in operation. The main surgical and medical female and children's wards are lighted from three sides, which adds much to the cheerfulness and aids materially in ventilation. A third or interior sash allows a plentiful supply of outdoor air without producing unpleasant draughts. The particular advantages of the system of heating and ventilating that have been introduced into the hospital are—first, the furnishing direct radiant heat to the walls and other parts of the building; and second, by providing for a continued supply of fresh warmed air. The total cost of the building completed will be \$30,000."

It is worthy—well worthy indeed—of notice that the rooms from the basement to the second floor have each and all been furnished by private individuals. Pictures, medicines, surgical instruments and appliances have all been given. The third floor will be furnished from like sources, several contributions having already been made.

The Hospital was rapidly approaching completion when Dr. Pope was in Cleveland last June, and he had the advantage of going through it with Dr. Beckwith. It is a building deserving of the highest praise, and reflects the highest credit on the generous philanthropy of the citizens of Cleveland and the thoughtfulness and ingenuity of its building committee, while it is a monument of the high repute that homœopathy has, through the energy and skill of its professional representatives, obtained in this, one of the most enterprising, as it is one of the most beautiful cities of the West, having a population of 160,000, forty out of the 150 medical practitioners being homœopathists. It is a testimony of the real value of homœopathy as a therapeutic method, and affords indisputable evidence that, where this great truth is practised with care, taught earnestly and well, and propagated with that thoroughness which is so characteristic of the American *modus operandi*, it will not only leaven traditional modes of treatment, but will supplant them.

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### THE PROGRESS OF PHYSICAL EDUCATION.

LAST year the London School Board engaged the services of a competent person to give a course of instruction in Physical Education to the schoolmistresses employed by the Board. This resolution was taken, we believe, at the instance of Dr. Roth, whose zealous and disinterested labours in promoting a due appreciation of this important subject have just received a fresh illustration. He has now offered three prizes of £10, £6, and £4 for the three schoolmistresses who evince the greatest capacity for teaching the elementary laws of health and exercises developed on a scientific basis. Dr. Roth's offer has, we need hardly add, been accepted by the Board.



## THE LONDON SCHOOL OF HOMŒOPATHY.

At the February Meeting of the Committee of the School, a communication was received from Dr. RICHARD HUGHES, expressing the need he felt of being relieved from a portion of his duties at the School. When Dr. Hughes first undertook the post of Lecturer on Materia Medica and Therapeutics he did so at a very great sacrifice, both of time and money, with the single-eyed desire of benefiting the cause we all have at heart. Dr. Hughes was, when he commenced to lecture, in practice at Brighton, but, in order to devote the necessary time to the delivery of these lectures, he gave up the greater part of four days a week to receiving patients in London and to the preparation and delivery of his lectures on Materia Medica and attendance on out-patients at the Hospital.

The amount of labour thus thrown upon him, and the withdrawal of so much of his time from professional duties at home, have proved to be a greater tax upon him than the claims of private engagements admit of his continuing to bear, so that with the very deepest regret and most reluctantly the Committee have felt themselves compelled to accede to Dr. Hughes's request to withdraw from the delivery of the winter course of lectures on Materia Medica and Therapeutics. It will therefore devolve on them to enter upon the difficult task of seeking a successor to the Lectureship of Materia Medica and Therapeutics, thus becoming vacant next October.

The Committee have in view the institution of a summer course of lectures, which Dr. Hughes has kindly offered to give during the usual summer session, on the "Institutes of Homœopathy and General Pharmacodynamics." These lectures will, it is believed, be found as valuable to those who are already practising Homœopathy, as to those who are seeking to understand its scientific method.

"The following is Dr. Hughes's letter already referred to:—

"Brighton, Feb. 9, 1880.

"To the Committee of Management of the London School of Homœopathy.

"My Lords and Gentlemen,—At your last meeting I had the honour of communicating personally to you that I felt unable any longer to lecture throughout the year at the School. To enable me to do so hitherto I have withdrawn from active work at Brighton, and have carried on chamber-practice at consulting rooms in London. I now find it necessary to give up the latter, and to devote myself to my Brighton patients; and it would be impracticable for me to do this, and, during the busy winter time, to lecture twice a week in London, to do which I must be absent during eight hours of the day. In the summer this



would be easier, and I should be willing and desirous to continue to serve the School by lecturing during the session then held.

“ My case having been thus stated, it seemed best that I should resign altogether the chair of Materia Medica and Therapeutics which I now hold ; and this I accordingly do from September 30th in the present year, up to which time I shall be able to fulfil its duties. Should you, as has been suggested, desire me to undertake a new lectureship during the subsequent summer session, I shall be at your disposal.

“ I remain, my Lords and Gentlemen,

“ Your obedient Servant,

“ RICHARD HUGHES.”

LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted during the month ending February 19th, 1880, gives the following statistics :—

Remaining in Hospital January 22nd, 1880 ...	46
Admitted between that date and February 19th...	40
	—
	86
Discharged between Jan. 22nd and Feb. 19th...	44
	—
Remaining in Hospital February 19th, 1880 ...	42
	—

The number of New Out-Patients during the above time has been ... ..	565
The total number of Out-Patients' attendances for the same period has been... ..	1,624

CORRESPONDENCE.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION,  
1881.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—At the close of the “ World’s Homœopathic Convention,” which met in Philadelphia in 1876, it was determined to hold a similar meeting every five years in some principal city of Europe or America ; and a general wish was expressed that the seat of the next gathering might be London.



On this determination and desire being communicated to the Congress of British Homœopathic Practitioners meeting in Bristol, in September, 1876, it was unanimously resolved that such a Convention should be held in London in 1881, and that the Congress would undertake the arrangements necessary for the purpose. A committee, consisting of the undersigned, was thereupon appointed to draw up a plan of proceeding; and its report, which is herein enclosed, was accepted at the Congress of 1877, and the committee re-appointed, with instructions to obtain adhesions and contributions.

The latter, viz., reports of progress and papers to be discussed at the meetings, we are soliciting from individual physicians practising homœopathically throughout the world. But we now request your good offices towards interesting the readers of your journal in our proposed gathering, by bringing the subject before them, and also towards making it known to the Homœopathists of your acquaintance in such way as you may think best.

The exact time and place of meeting, with the office-bearers, &c., will be finally decided at the Congress we shall hold in September, 1880; and information thereof will be duly forwarded to you, and published in all British Homœopathic Journals.

Very faithfully yours,

R. E. DUDGEON, <i>Chairman</i> ,		W. BAYES,
A. C. CLIFTON,		A. C. POPE,
		R. HUGHES, <i>Secretary</i> .

London, January, 1880.

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The following is the Report of the Committee appointed to make arrangements for holding a "World's Homœopathic Convention" in London in 1881, presented to and adopted by the British Homœopathic Congress meeting in Liverpool, September, 1877:—

"Your committee beg to report that they have had several meetings; and after much consideration, and in conference with the lamented President of the last Convention, Dr. Carroll Dunham, have agreed upon the following recommendations, which they present for the acceptance of the present Congress:

"Scheme for the World's Homœopathic Convention, 1881—

"1. That the Convention shall assemble in London at such time and during such number of days as may hereafter be determined.

"2. That this meeting take the place of the Annual British Homœopathic Congress, and that its officers be elected at the Congress of the preceding year; the Convention itself being at



liberty to elect honorary vice-presidents from those foreign guests and others whom it desires to honour.

“ 8. That the expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain ; the approximate amount to be expected from each to be named as the time draws near.

“ 4 That the expenses of printing the transactions be defrayed by a subscription from all who desire to possess a copy of the volume.

“ 5. That the Convention shall be opened to all medical men qualified to practice in their own country.

“ 6. That all who attend shall present to the Secretary their names and addresses, and a statement of their qualifications ; and, if unknown to the officers of the Convention, shall be introduced by some one known to them, or shall bring letters credential from some Homœopathic Society, or other recognised representative of the system.

“ (a) That members of the Convention, as above characterised, shall be at liberty to introduce visitors to the meetings at their discretion.

“ 7. That the committee be authorised to enter into communication with physicians at home and abroad to obtain—

“ (a) A report from each country supplementary to those presented at the Convention of 1876, recounting everything of interest in connection with homœopathy which has occurred within its sphere since the last reports were drawn up.

“ (b) Essays upon the various branches of homœopathic theory and practice, for discussion at the meetings, and publication in the transactions ; the physicians to be applied to for the latter purpose being those named in the accompanying schedule.

“ 8. That all essays must be sent in by January 1st, 1881, and shall then be submitted to a committee of censors for approval as suitable for their purpose.

“ 9. That the approved essays shall be printed beforehand, and distributed to the members of the Convention, instead of being read at the meetings.

“ 10. That for discussion the essays shall be presented singly or in groups, according to their subject matter, a brief analysis of each being given from the chair.

“ 11. That a member of the Convention (or two, where two classes of opinion exist on the subject, as in the question of the dose) be appointed some time before the meeting to open the debate, fifteen minutes being allowed for such purpose, and that then the essay, or group of essays, be at once opened for discussion, ten minutes being the time allotted to each speaker.

“ 12. That the order of the essays be determined by the importance and interest of their subject-matter, so that, should the



time of the meeting expire before all are discussed, less loss will have been sustained.

“13. That the Chairman shall have liberty, if he sees that an essay is being debated at such length as to threaten to exclude later subjects of importance, to close its discussion.

“14. That the authors of the essays debated, if present, shall have the right of saying the last word before the subject is dismissed.

“15. That, as at the first convention, the subjects of the essays and discussions shall be—

“(a.) The Institutes of Homœopathy.

“(b.) Materia Medica.

“(c.) Practical Medicine.

“(d.) Surgical Therapeutics, including diseases of the eye and ear.

“(e) Gynæcology.”

At a subsequent meeting of the committee, it was determined that the gathering shall be known as the “International Homœopathic Convention.”

All communications to be addressed to the Secretary, Dr. Hughes, Brighton.

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## EFFECTS OF GLONIN.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I can corroborate the statement of Dr. Douglas Moir (*Review*, Jan., 1880, p. 62), about the effects of *glonoin*. July 1868 or 1869 was a very hot month, and physicians were overworked mentally and bodily. I suffered from severe headache, to which I am liable from a former sunstroke. I visited early one Sunday morning a medical friend, living only a square from my house, and requested him to prescribe for my headache. He advised olfaction from a bottle labelled *glonoin* 00.6 (sixth centesimal). It acted immediately. I had to leave the close basement, I must have fresh air; but even there dizziness and dimness of sight overcame me, so that with difficulty I reached my home (I believe to-day it was will-power which made me reach it), and then fainted away, though I never lost consciousness. I could not move or speak, though I saw and understood the frightened look of my family. Gradually I recovered my strength, but for nearly a week I was unable to attend to practice.

Yours fraternally,

New York, Jan., 1880.

S. LILIENTHAL.



## NOTICES TO CORRESPONDENTS.

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•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. ROTH, London; Dr. NANKIVELL, Bournemouth; Dr. CLIFTON, Northampton; Mr. AINLEY, Halifax; Dr. MURRAY MOORE, Auckland, New Zealand; Dr. LILIENTHAL, New York; Dr. WALDO, West Troy, New York; Dr. EDWARD BLAKE, Reigate; Dr. PEARCE, Swanage; Dr. McCONNELL REID, High Wycombe.

We regret that we must defer till next month our notice of Dr. SHULDHAN's work on "Stammering." Dr. PEARCE, Physician to the Hydropathic Establishment and Sanatorium, Swanage, requests us to state that, in the *British Homœopathic Directory* for 1880, his address (pp. 25 and 59) is stated as *Swansea*. It should have been *Swanage*, Dorset.

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## BOOKS RECEIVED.

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*Photographic Illustration of Skin Disease.* By G. H. Fox, M.A., M.D. Parts 1 to 4. New York: E. B. Treat, 805, Broadway.

*Etude sur le Traitement Homœopathique de la Constipation.* Par M. le Dr. Bernard. Bruxelles: J. P. van Assche.

Essays xxxviii. and xxxix. *The Limits of Homœopathy, and Answers to Recent Objections.* By W. Sharp, M.D., F.R.S. London: Gould and Son, Moorgate Street.

*The Homœopathic World.*

*The Students' Journal*

*The Modern Physician.* February.

*The Monthly Magazine of Pharmacy, Chemistry, Medicine, &c.*

*Report of the Liverpool Homœopathic Dispensaries.* 1880.

*United States Medical Investigator.*

*The New England Medical Gazette.*

*The Hahnemannian Monthly.* January.

*Therapeutic Gazette.* January.

*L'Art Medical.*

*Bibliothèque Homœopathique.*

*Revue Homœopathique Belge.*

*Allgemeine Homöopathische Zeitung.*

*El Criterio Medico.*

*Rivista Omiopatica.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### HOMŒOPATHY: SCIENTIFIC AND EMPIRICAL.

THE great distinction between the therapeutic method, known as homœopathy, and that which is taught in the schools, consists in the former proceeding upon a clearly defined principle, having its foundation in well-ascertained facts, while the latter is based upon hypothesis. In the one drug-remedies are selected upon a principle, involving, in its application, the consideration of all the manifestations of disease that may be present; in the latter they are chosen to fulfil some indication suggested by individual symptoms, or phases of disease, rather than by the morbid condition taken as a whole.

Homœopathy enables us to encounter new forms of disease with a degree of certainty of result, which is impossible when it is essential, first of all, to form a conception of the functional and structural alterations which may be in progress. To the non-homœopathic physician, the symptoms do little more than afford him material for forming an hypothesis as to the pathological state of his patient. To the homœopathist, they not only do this, but the study of them enables him to select the medicine



which is most likely to be available in removing them, and that not by a narcotic suppression, preventing their expression, but by remedying the condition which gave rise to them. This fact, one which so thoroughly sustains the scientific character of homœopathy, is well illustrated by HAHNEMANN's pointing out the remedial power of camphor, copper, and white hellebore, in cholera, simply from a study of a report of the symptoms of the disease. It received a further illustration when in the epidemic of purulent meningitis, which occurred between thirty and forty years ago at Avignon, Drs. BECHET and DENIS were able, before they had seen a single case, and simply from their study of the details of such as had occurred in the barracks where the epidemic first appeared, to point to *ipécacuanha* and *hyoscyamus* as the remedies—a conclusion, the accuracy of which was abundantly sustained by the subsequent recovery of 150 cases treated by these two medicines.

The method of generalising from a pathological hypothesis will not enable a physician to prognosticate a remedy. That it will not do so, there is no more striking example than the treatment of progressive, pernicious, or idiopathic anæmia by iron. If there is one medicine which more than any other is supposed to be useful in anæmic conditions it is iron. Let a patient present himself or herself to an average allopathic practitioner in an anæmic state, and iron in some form or other will assuredly be prescribed. So it has been with the condition referred to. Anæmia was its most conspicuous feature, iron was uniformly given, and the result was almost uniformly fatal—so uniformly, indeed, that BIEMER, of Zurich, who of late years has brought this morbid state under prominent notice, styled it “progressive” and “pernicious.” That it is not invariably progressive towards a fatal termination, has now been demonstrated—and the demonstration is due



to the action of a drug which is most manifestly homœopathic to it. This drug is arsenic. Its action in three cases forms the chief feature of a clinical lecture, by Dr. FINNY, of Dublin, reported in the *British Medical Journal* for January 3rd and 10th, 1880. The first of these was a man, 27 years of age, who was admitted into the City of Dublin Hospital, Nov. 29, 1877. During the first three months of his residence in hospital, Dr. FINNY, "acting on the indication for iron, administered this metal in every form, and in the fullest doses, without seemingly any, even the slightest benefit." He then says, "I determined to employ arsenic, partly empirically, and partly from the confidence its use had given me in the management of fatty heart and its anæmic symptoms." On March the 15th Fowler's solution was ordered, in three minim doses, three times a day in an ounce of infusion of gentian, Dr. FINNY's commentary on this proceeding accords so exactly with that made by most physicians, who for the first time prescribe a homœopathic remedy, that we give it entire—"Never was I," he says, "so surprised, as at the result of this treatment; for in less than a week improvement became manifest, and by the end of a month the patient was able to leave his bed without fainting, and to sit by the fire in an easy chair." Within six weeks after commencing to use a homœopathically indicated medicine this man, who for three months previously had been thoroughly well drugged with one suggested by a pathological generalisation, and who was going from bad to worse all the time, was able to be removed to a convalescent establishment, and a month later to go back to his work, subsequently becoming stout and strong. This "surprised" Dr. FINNY! We can assure him that the literature of homœopathy will introduce him to many another surprise, if he will but study it.



In a second case, arsenic is given ; here, however, it is hampered by admixture with *iron*, *nux vomica*, and *bismuth*. But these *impedimenta* notwithstanding, improvement gradually set in ; he was able to leave the hospital in two months, and to walk some little distance within a third.

In a third case, arsenic was again given in combination with iron, and at the same time pills of iron and aloes were ordered to remove constipation. This treatment was persevered in for ten days, "when, owing to a slight rise of temperature and to sickness of stomach, it was stopped. During the next night her bowels were moved several times, and her condition, at first but low, became now alarmingly prostrate." Stimulants were given promptly, and an astringent mixture after every stool. A slight rally took place, the diarrhoea ceased for a few hours, but, recurring, exhaustion was renewed, and death took place during the same day. Here again a purely homœopathic prescription was spoiled by ignorance of the principle underlying it. Had Dr. FINNY recognised the fact that arsenic was indicated, not merely as a "blood tonic," but as homœopathic to *all*, to the totality of the symptoms, he would not have handicapped it with iron, or frustrated its power for good by plying the patient with aloes at the same time.

This case is especially instructive, as showing how essential it is that a homœopathically acting remedy should be prescribed with full knowledge of its relation to the disease it is ordered to cure. Endless failures to profit by the experience of homœopathists have arisen from lack of recognition of this fact. The importance of the single remedy is not appreciated where the endeavour to meet the indications of the entire phase of disease by a homœopathic remedy is not made, when such a remedy is



used empirically, where it is tried, because some one else has used it successfully in a similar condition before.

Further, while admitting the advantage derived from *arsenic*, while acknowledging the utter failure of *iron* in similar instances, Dr. STEPHEN MACKENZIE (*Lancet*, 1878), in a lecture on this form of anæmia, nevertheless advises his pupils to mix the solution of the *perchloride of iron* with the *arsenic*! Wherefore they should do so, when the utter uselessness of the former substance has been abundantly proven, we are at a loss to understand. It must, we suppose, be traced to the influences of tradition, of custom, and of education. So long have physicians been in the habit of "compounding" mixtures, that they cannot, without much difficulty, bring themselves to prescribe a single remedy.

To obtain the full advantage which may be derived from a specific medicine it must, however, be given *alone*. Dr. SYDNEY RINGER and a few others who have familiarised themselves, more or less, with practical homœopathy, are quite aware of this, and when prescribing *aconite* in sthenic fever, *ipecacuanha* in vomiting, *chamomilla* in infantile diarrhoea, *pulsatilla* in amenorrhœa, and so on, they always order the remedy singly!

We have said that *arsenic* is homœopathic to the condition described as progressive or pernicious anæmia. Dr. FINNY, in the lecture we have quoted from, gives a very precise and interesting analysis of the symptoms of this disorder. If he will compare these symptoms and those characterising the anæmia of fatty heart with those of chronic arsenical poisoning, he will find such a degree of similarity between them as will convince the most sceptical that arsenic is, as we have said, homœopathic to this disease.



Dr. GALLEY BLACKLEY, in a paper read before the last annual assembly of the British Homœopathic Society, on "Progressive Pernicious Anæmia," gives the following summary of the symptoms produced by arsenic and its compounds, with the authorities from which his information is drawn :—

"Loss of appetite and severe vomiting;<sup>1</sup> dyspepsia;<sup>2</sup> paleness and sallowness of the skin;<sup>3</sup> jaundice: greenish colour of the skin;<sup>4</sup> œdematous swelling of face, hands, and lower extremities;<sup>5</sup> epistaxis;<sup>6</sup> blood from the urethra;<sup>7</sup> expectoration of blood;<sup>8</sup> pneumonia;<sup>9</sup> inferior lobes on both sides partially consolidated;<sup>10</sup> congestion of left lung;<sup>11</sup> drowsiness;<sup>12</sup> shortness of breath;<sup>13</sup> petechiæ, especially over the thorax;<sup>14</sup> palpitation, with sometimes intermittent action of the heart;<sup>15</sup> diarrhœa;<sup>16</sup>

<sup>1</sup> Stoerck (*Effects of Ars. of Pot. on Ague Patients*), Rothansel. Madame Bushman's proving, *Hom. V. J.* s. 10, 119. Dr. Tschudi, *Wien. Med. Woch.*, Oct. 11th, 1857. *Edin. Med. Journal*, 1856, vol. i, p. 625.

<sup>2</sup> *Edin. Med. Journal*, 1864, vol. x, p. 116.

<sup>3</sup> Dr. Ward, *Edin. Med. and Surg. Journal*, 1830, vol. xxiii, p. 6.

<sup>4</sup> Christison on *Poisons*, p. 327. Dr. C. O'Reilly, *Dublin Journ. of Medical and Chemical Science*, 1842, vol. xx, p. 422. Dr. D. McN. Parker, *Edin. Med. Journal*, 1864, vol. x, p. 116. Dr. F. Monat, *Glasgow Med. Journal*, 1858, vol. v, p. 371.

<sup>5</sup> *Lancet*, 1837-8, vol. ii, p. 625-6. *Ibid.*, 1863, vol. ii, p. 100. *Ibid.*, 1860, vol. ii, p. 596. Dr. Hassal, *Ibid.*, 1860, vol. ii, p. 535. *Edin. Med. and Surgical Journal*, 1819, vol. xv, p. 415.

<sup>6</sup> *British Med. Journal*, vol. ii, pp. 101, 392.

<sup>7</sup> *Dublin Journal of Medical and Chemical Science*, vol. xx, p. 422. Christison, p. 325.

<sup>8</sup> Taylor, p. 292.

<sup>9</sup> Christison, p. 302. *Lancet*, 1843, vol. i, p. 98.

<sup>10</sup> *Lancet*, 1866, vol. i, pp. 583 and 498.

<sup>11</sup> *Glasgow Medical Journal*, 1869, New Series, vol. i, p. 56. *Guy's Hospital Reports*, 1851, Second Series, vol. i, p. 183-206.

<sup>12</sup> *Guy's Hospital Reports*, 1851, pp. 183-206. *British Med. Journal*, vol. ii, p. 580. *Lancet*, 1837-8, vol. ii, p. 62-56.

<sup>13</sup> *British Medical Journal*, 1856, pp. 721, 757, 808. *Dublin Quarterly Journal of Medical Science*, 1851, vol. xi, pp. 68.

<sup>14</sup> *Guy's Hospital Reports*, 1864, vol. x, pp. 230-236.

<sup>15</sup> *Lancet*, 1838-39, vol. i, p. 170. *Ibid.*, 1860, vol. i, p. 579. *Glasgow Medical Journal*, 1869, vol. i, p. 56.

<sup>16</sup> Taylor, *On the Nature and Symptoms of Acute Poisoning by Arsenic*, p. 293.



emaciation (in slow poisoning) ;<sup>17</sup> extreme depression of spirits ;<sup>18</sup> fever of no particular type ;<sup>19</sup> altered blood-globules ;<sup>20</sup> muscular debility ;<sup>21</sup> dangerous debility and exhaustion, and inability to sit up in bed."<sup>22</sup>

In addition to the symptoms noted by Dr. BLACKLEY is one which has been generally observed, and, because not at first sight understood, was probably relegated among the class called "trivial." Now, however, a very plausible pathological interpretation of it has been given by COHNHEIM, and additional interest therefore attaches to it. As pathological knowledge advances, it is probable that many other so-called "trivial symptoms" will be found to express more than we are aware of. Meanwhile we may with advantage pay due heed to them in prescribing. The symptom we refer to is "pain and tenderness over the tibia." "I do not," says Dr. FINNY, "lay much stress on this symptom, as, in delicate and frail people, any pressure, however slight, over the flat and exposed parts of the tibia, is attended by uneasiness and pain. It is, however, a symptom not lacking in significance when you consider that certain changes have been found by COHNHEIM and some other observers in the marrow of the long bones." Similar symptoms have occurred in arsenical poisoning, and are recorded by HAHNEMANN. Thus we have "boring pain in the right tibia ;" "sharp, tearing, drawing pain in the tibia." In another instance we find the "legs painful to touch ;" and again "violent tearing in the tibia, causing one to cry out ;" "drawing, tearing, and jerking in the legs, from the ankles to the knees."

<sup>17</sup> *Dublin Medical Press*, 1846, vol. xvi, p. 37.

<sup>18</sup> *Medical Times*, 1840, vol. iii, p. 57.

<sup>19</sup> *Medical Circular*, 1859, vol. xiv, p. 254.

<sup>20</sup> Christison, pp. 314, 315.

<sup>21</sup> *Dublin Hospital Gazette*, 1854, vol. i, p. 157.

<sup>22</sup> *Lancet*, 1889-90, vol. i, p. 416.



Further, the study of a case of *chronic* arsenical poisoning, the degeneration of nervous power depending, as it probably does, upon degenerated blood-formation therein exhibited, will show a clear similarity of condition to that prevailing in progressive, pernicious, or idiopathic anæmia. That such a drug should tend to remedy the pathological state existing in this disease will, therefore, excite no "surprise" in the mind of one familiar with the action of homœopathically-indicated medicines. On the contrary, that it should prove curative is just what such an one would expect.

We have brought thus prominently under the notice of our readers the cases of Dr. FINNY, not merely because they illustrate the action of a homœopathic remedy, but because they also show how, in order to obtain the full advantage of such an indicated remedy, it ought *not* to be used.

To give a homœopathic remedy in combination with one that is non-homœopathic is to impede its power, to render its action less rapid, just as, most assuredly, it prevents our drawing clear conclusions from the result. To give *iron* and *arsenic* in combination is to impair our opportunity of accurately knowing to which remedy we are indebted for the cure. Independently of the homœopathic relation between *arsenic* and this form of anæmia, were it not that *iron* alone has been tried and failed, and were it not that *arsenic* alone has been tried and succeeded, we should not know to which drug to attribute the result obtained. We also learn from Dr. FINNY's case the importance of relying upon a drug which covers in its action the *whole* of the symptoms, and of not yielding to needless apprehension on account of one indication—such, for example, as constipation—and rushing off to a palliative to meet it. There is, we fear, an increasing danger of our being led off the true scent by indications of this kind, and



giving an aperient here and a narcotic there. To prevent constipation and relieve sleeplessness may be, and are, very desirable ends in themselves, but such symptoms are parts of a whole, and to achieve the success we desire, and may secure, they must be treated as such. Purgatives and narcotics do nothing but harm in the majority of cases. They may by their action relieve the mind of a patient, but most assuredly they hinder his recovery when the real homœopathic remedy is being given.

The lessons supplied by Dr. FINNY's most interesting lecture are many and valuable. His success in treating a disease so formidable was unmistakable. This success, we believe, was due to the fact that the medicine he used will produce a condition very similar to that it cured. The mistakes he made were due to his want of knowledge of the principle which constituted the "key" to the practice he enforced. Homœopathy scientifically, he did not understand; while, to obtain the *full* advantage of homœopathy, it is essential that it be scientifically comprehended.

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### THE MERCURIES.\*

BY A. C. COWPERTHWAIT, M.D.

(Professor of Materia Medica, Iowa University.)

It is possibly unnecessary to attempt saying more than homœopathic literature has already said concerning this, the most important of all metals, the *hydrargyrum* and its salts. I say important from a therapeutic standpoint. Certainly no drug has been for centuries, or is now, of more universal use, and for reasons that are logical and consistent, for it is equally certain that in the pathogenesis of no other drug do we obtain the variety and intensity of action displayed by mercury, affecting as it does in a marked degree, every tissue and organ of the body, and affording a therapeutic range of a wide and comprehensive character. This, however, was not known to be the case until after Hahnemann had not only methodically and systematically arranged the then known curative properties of the drug,

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\* Reprinted from the *Cincinnati Medical Advance*, Dec., 1879.



but had also, with his characteristic energy, instituted a series of provings that established without question its extensive and remarkable pathogenesis. True, mercury had for centuries been used for the cure of the diseases for which Hahnemann had proclaimed it the true curative agent, yet these cures were shrouded in the darkness of mystery and even superstition, and the drug was looked upon as an omnipotent and dangerous remedy, a true agent of the gods and subject to their decrees, as was their messenger Mercury, from whom it received its name. It thus fell into the hands of the ancient magicians and was by them turned to good account.

Even as late as the fifteenth century it was considered the most daring bravery on the part of Barbarossa, a famous pirate of Tunis and Algiers, who, having contracted syphilis, cured himself by taking internally quicksilver ground down with flour and turpentine.

Hahnemann not only established the therapeutic value of mercury, but at the same time he rendered it harmless through increasing rather than decreasing its health restoring powers. Probably in no other drug do we have more beautifully illustrated the wisdom of Hahnemann's theories regarding drug proving and potentization, and most certainly in no other drug do we have any more brilliant testimony to the truth and efficacy of the universal law of cure.

Hahnemann's provings of mercury were made principally with a preparation of his own, introduced by him long before the law of *similia* dawned upon his mind. This preparation is the black precipitate which is produced by the action of concentrated nitric acid on quicksilver; after having added strong *aqua ammonia* and distilled water. This is the soluble mercury of Hahnemann—the *merc. sol. Hah.*, or, as I consider, strictly the ammonia nitrate of mercury, a preparation once quite popular with the old school, and still highly esteemed and much used by them in Europe; evidently a strikingly effective therapeutic agent, yet from a chemical standpoint as Hughes remarks: "an impure oxide of doubtful and varying composition," and for that reason, if no other, not as valuable a remedy in our hands as the *hydrargyrum*, or, as we term it, the *merc. virus*. However, the fact that most of Hahnemann's provings were made with the soluble mercury and that the pathogenesis of this preparation is better known than that of any other mercurial, makes it still the favourite prepara-



tion of the homœopathic school, and this notwithstanding that Hahnemann, in the later years of his practice, to a great extent employed the original metal.

These circumstances, together with the similarity of action of the two preparations, have led the homœopathic school into what I consider a serious error—that of considering as identical the pathogenesis of the two preparations. Hempel says: “the provings of the *solubilis* are likewise applicable to *merc. viv.*”, and this statement is more or less generally confirmed by our writers on *materia medica*. Yet why, is beyond my comprehension. It is certainly unreasonable to suppose that a preparation of quicksilver containing nitric acid and ammonia, is precisely identical with the quicksilver itself, yet nearly all our modern writers, even the venerable Hering, gives us the symptoms of both preparations as of one under the head of mercuries.

If, as a school, we dealt in generalities, it might answer, but we claim to act only upon positive evidence, and to deal only with established facts. As well might we therefore, indiscriminately employ, where *hydrargyrum* was indicated, any salt of mercury regardless of its symptomatology, and, indeed, I fear this is too often done by the physio-pathological branch of our school. But it is certainly contrary to the spirit of our teachings, and cannot be persevered in by him who would be, as certainly all should be, a progressive and scientific physician. True it is, that the general action of all the mercuries are greatly alike, yet to each belongs its distinguishing features. Like the human body, the general form and outlines may be nearly the same, yet to each there is an individual expression possessed by no other. So might we find great similarity existing between other drugs of the *materia medica*—between the salts of potash—between *apis* and *rhus.*, yet who would for a moment think of indiscriminately employing the one for the other. Some physicians have only to hear the term dysentery expressed by the patient, and they at once prescribe the *merc. cor.*; others in the same instance would prescribe the *merc. viv.*, or *sol.* So also some invariably prescribe *protoid* of *merc.* in sore throat, while others give the *biniod* when perhaps the *similia* only existed under the one not selected, or possibly under neither; the physician apparently forgetting that he had any guide for the selection of his remedy outside of the crude generalities of a still cruder system of physio-pathological therapeutics.



Let us briefly examine some of the main points of difference between the different preparations of *merc.* First, in the emotional faculties we find the *virus* alone producing delirium similar to delirium tremens as characteristic, but running all through the group is a condition of anxiety and restlessness, which becomes most prominent in the *sol.*, where it also gives an ill humour and irritability. This continues next in the *cor.*, where depression is more marked, and finally anxiety without the ill humour in the *protoide*, and ill humour without the anxiety in the *biniod.*

In the intellectual sphere we find a weakness of memory pervading all the mercuries. It is most characteristic of the *virus*, where the memory is greatly impaired and the intellect extremely weak, the condition bordering on imbecility. The *cor.* comes next, then the *sol.* and finally the other preparations.

In the head, confusion and vertigo belong to all. The *sol.* has more headache than any other preparation, the whole external head being painful to the touch. The *biniode* simulates the *sol.* most closely, both having as characteristic the "sensation of the head, being bound with a tight cord." The *cor.* comes next as a headache remedy, its greatest characteristic being a "drawing in the periosteum of the skull." In my opinion, the *merc. viv.* of the preparations mentioned comes last in headaches. Nearly all the mercurial headaches are catarrhal in their origin, though we also have headaches from rheumatism and syphilis. In the eyes we find a marked tendency to catarrhal ophthalmias in all the mercuries, the *virus* being most important, and the *sol.* next. The latter beginning to partake more of the scrofulous as well as the syphilitic. For both the latter varieties and for the ophthalmia neon. *merc. cor.* takes the lead. The *protoiode* is of more benefit in syphilitic, the *biniode* in catarrhal and scrofulous varieties. Coryza occurs in all. *Merc. sol.* being the best remedy in ordinary nasal catarrhs. In recent cases with fluent coryza and great rawness and smarting the *cor.* is of most value, but it does not cover the wide range of catarrhs that the *sol.* or the *viv.* do. The *biniode* is of more value in nasal catarrhs than the *protoiode*.

For carious and decayed teeth, and toothache resulting therefrom, *merc. viv.* is the sovereign remedy. All the mercuries have spongy, bleeding gums. The characteristic tongue is: *merc. viv.* black, or red, and swollen, or thick,



white coating. *Merc. cor.*: Tongue greatly swollen and coated thick white, or else dry and red. *Merc. cyan.*: yellow streak on base. *Protoiode*: lip and edges clean, thick dirty yellow coating on base. *Merc. sol.*: swollen, soft and flabby, showing impress of teeth on margin.

All the mercuries act strongly upon the mucous membrane of the throat. The *sol.* and *viv.* are prominent in simple ulceration, or in tonsillitis, but of no value whatever in true diphtheria, and of little use in follicular ulceration. The *viv.* has more swelling of the external glands, and the fauces have a coppery red colour, while in the *sol.* the characteristic is a sticking pain in fauces when swallowing. The *protoiode* acts more on the follicular glands, giving a tough opaque secretion in the fauces. For this reason the *protoiode* is the best remedy we have for the ordinary diphtheritic sore throats (so-called) so prevalent throughout the country during winter, and, as a general rule, it stands at the head of our remedies for true diphtheria. The *biniode* partaking more of the action of iodine, gives more swelling of the glands than the *proto.*, and when this condition is present in diphtheria it is preferable. The *cyan.* has been highly extolled in true diphtheria, though probably its virtues have been overestimated. I should only use it in very putrid forms with typhoid tendency, or where there seemed to be a cyanotic condition, weak pulse and syncope. The *cor.* is little used in diphtheria. It is, however, indicated in all sore throats when there is great burning, dark red fauces; phagedenic tendency.

The action of *merc.* on the stomach is not prominent, but upon the liver and intestinal tract do we get its most important and characteristic action. All the mercuries give hepatic congestion, but the *cor.* seems to be the only one which, in any degree, approaches true hepatitis, while the *viv.*, alone, reaches chronic atrophy of the liver. Both the *viv.* and the *sol.* are among our best remedies in chronic enlargement and induration. The *viv.* is most often indicated in jaundice and gall-stones. The *sol.* and the *cor.* have the most decided action upon the intestinal tract. In the former the characteristic stool is of green or bloody mucus, with colic and tenesmus worse after stool, and often accompanied by numerous hepatic symptoms. The *cor.* seems more closely to approach a dysentery of an intense inflammatory character. The stools are frequent, scanty, and composed almost exclusively of mucus and blood.



The tenesmus is exceedingly distressing and constant, with a tormenting urging to stool, and instead of liver symptoms as in the *sol.*, we have urinary difficulties—tenesmus vesicæ; urine scanty, hot and bloody. The *iodides* have no decided action in this sphere.

In diseases of the genito-urinary system *merc. cor.* takes the lead, being of great value in all inflammatory conditions—nephritis, cystitis, etc. The urine is scanty, hot and bloody, and passed with much pain. It also gives us in its pathogenesis decidedly albuminous urine, and it has proved its efficacy in the treatment of not only Bright's disease, but post diphtheritic and post scarlatinal albuminuria. The *merc. sol.* comes next to the *cor.* in the treatment of urinary troubles. Both are indicated in gonorrhœa, though the *cor.* takes the lead, especially when the urethral inflammation predominates and is intense, with great burning and smarting during urination. The *merc. sol.* has a greenish, painless gonorrhœa, worse at night, and gonorrhœa syphilitica. It is, however, in the treatment of true syphilis that *merc.* has won its greatest laurels. Since the days of Barbarossa it has been in almost constant service, evidently doing immense harm in many instances, owing to the blundering way in which it was used, but, on the whole, doing incalculable service and curing millions of cases.

*Merc. sol.* is most often indicated in the Hunterian hard chancre. The *sol.* is also our first remedy in chancroids. Its indications are a red chancre on prepuce; or, ulcers with cheesy lardaceous bottom and inverted red (sometimes hard) edges. In chancres assuming a phagadenic appearance, *merc. cor.* is the remedy. For syphilitic erosions the red precipitate or *merc. prec. rub.* In spoiled cases where much mercury has been used, and where there are sycotic excrescences, cinnabar or the sulphuret of mercury is of most value.

Nearly all the mercuries have profuse menstruation as well as leucorrhœa, the *merc. sol.*, or *viv.*, are most prominent. The characteristic leucorrhœa is always worse at night, itching, burning, smarting, corroding with rawness.

In diseases of the respiratory organs *merc. viv.* is decidedly the best remedy. In my own practice I always use the *viv.*, in coughs, influenza, bronchitis, pneumonia, etc., and the *sol.* in diseases of the alimentary tract, that



is, where *materia medica* does not indicate the difference. *Merc. cor.* must not be forgotten in the treatment of bronchitis when its characteristic burning is present in the chest, with cutting pains, tightness, etc. With many the *cor.* is the routine prescription for colds on the chest, influenzas, etc. In the various neuroses *merc. viv.* is most often indicated.

The range of action of the mercuries in skin diseases is so great that I cannot notice the peculiar difference of each preparation. *Merc. sol.* is of most importance, then *merc. viv.*, though it is difficult to separate their action upon the skin. The characteristic ulcer is superficial, flat, readily bleeding, lardaceous base, worse from heat of bed and hot and cold applications, also ulcers with elevated turned up edges. Here as elsewhere it is to be regretted that the pathogeneses of the two preparations are so badly mixed that it is difficult to establish the separate action of each.

The aggravations of all the mercuries are quite similar. All are worse at night and from warmth of bed. But the limits of this paper will not allow a further discussion of this important subject.

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## CLINICAL ILLUSTRATIONS OF THE ACTION OF *GLONONIN*.

BY DR. DIXON.

THE two cases illustrating the effects of *glonoin*, related by Dr. Moir, in the *January Review*, and Dr. Lilienthal, in the March number, induce me to make a short communication on the same subject.

About a dozen years ago Jane G. came to me on account of great uneasiness of the head. She was a dressmaker, thirty years of age, short, stout, of lymphatic temperament, and of very deliberate speech. With trouble of the head, there was torpor of liver and bowels. She got well by the remedies used, excepting that a dull feeling of the head remained. She came from time to time, year after year, for one ailment or other, always getting better, except in respect of this dull feeling of the head, or if it went off it soon recurred. She declined treatment for that alone, said it was constitutional, had always had it more or less,



and must put up with it ; and so she went on content, so long as she could keep to her business. But about five years ago she came complaining that the congestive feeling in her head was varied with little attacks of "neuralgia." I gave her, what I had not given her before, *glonoin* 3x, in pilules ; she was to take two pilules thrice a day for a week, and report. In a week she was better ; the pilules were continued in the same manner. She did not come for two months ; again I repeated the prescription. A week after she was better, but suggested that the medicine should be in stronger doses : it was my intention. I gave *tinct. glonoin* 3x, one fluid drachm to twenty-one doses, a dose thrice a day. She did not come for three weeks. Then she thought I had found her constitutional medicine. I increased the dose to eighty minims for a week. Four months elapsed ; she had ailed nothing but a little rheumatism, for which she had taken *bryonia*. The old trouble of the head seemed threatening. I now gave her ninety minims for the week. Then I saw nothing of her for three years. She said her head had been well ; she had had one attack of indigestion, and one of rheumatism, for which she took *nux* and *bry*. Would like to have her head medicine now, as strong as the last I had given her. I gave it, since which, two years, I have not had a call from her, but I hear that she is attending to her business.

Maria M., nervo-bilious temperament, about 20, complained of neuralgia of left side of face and temple : one cause may have been a slightly carious tooth, but the predisposing cause seemed to be disordered stomach and liver. While I was putting my interrogatories, she rose and paced the room in anguish. To allay this I gave her five drops of *glonoin* 3x in a dessert-spoonful of water. This soon diminished the pain. She kept quiet while I prepared her medicine, and before dismissing her, half-an-hour after the first dose, I administered to her another dose of five drops of the *glonoin* 3x. She did not report for a week, when she said the pain had disappeared by the time she reached home, six miles, and she had not had a return. She was better of her stomach derangement, for which I had given some doses of *merc. s.* and *nux v.*

I could cite many cases like this, the maximum dose in all my cases being five drops of the 3x. I may as well say that I get *glonoin* 2x from Messrs. Gould and Son, and that I make the 3x from it with proof spirit.



My next illustration is the case of a strong man, forty years of age, of lymphatic temperament. He was an old patient, and had driven several miles to get at me, to prescribe for "tic." The causes were the same as in the preceding case, derangement of liver and stomach and carious tooth. I gave him five drops of *glonoid* 3x. He rocked himself to and fro as he sat on the couch, and entreated me to put something to the tooth. Moved by his pain, I moistened a small plug of cotton-wool with *tinct. glonoid* 2x, and put it into the hollow of the tooth. The smile of ease was quickly succeeded by a look of anxiety and ashy paleness, and he sank back. I got from the adjoining room a small glass of whiskey, which he took in two or three sips. Gradually the look of anxiety passed away, and his colour returned. I kept him lying down while I prepared medicine for him. In less than half an hour the effect of the *glonoid* had passed effectually off, and he got into his chaise, and drove off. This was some years ago. I have seen him often since, but he has had no more trouble with "tic." I have never since put *glonoid* 2x into a hollow tooth.

And now may I make a few comments upon the cases communicated by Drs. Moir and Lilienthal. With my experience of *glonoid*, I find it hard to understand that the fraction of a drop of 3x, and still more olfaction of the sixth (centesimal?) should induce such effects as those described, except upon the presumption of exceptional sensitiveness in the patients. In the early part of my study of homœopathy an experienced homœopath impressed upon my mind an observation which, he said, he had often had to make, namely, that in certain sensitive subjects the higher potencies excited nervous irritation instead of reaction to health, while the low potencies, or small doses of the drug, would in the same cases excite reaction to health and not cause such irritation. My own experience led me to endorse this observation. The reactive power in a patient is excited by the active power of a drug. Thus, to me, it is the state of a patient which determines the greater or less effectiveness of the dose. The power involved in a grain of medicine may be required to excite a given reaction in one case; in another the power involved in a drop or less of a potency, low or high; in another, perhaps, olfaction. Degrees of fineness in causes of cure have their analogue in degrees of fineness in causes of



disease. One patient, to become diseased, may require physical inoculation; another inhalation, or opening a letter from an infected house; another even by mental impression, according to degrees of sensitiveness.

In the relation of every case in homœopathic practice the question of the dose crops up, in studying which question this subject of the sensitiveness of patients, the recipients of the doses, has, I think, to be brought into greater prominence than has yet, so far as I have seen, been accorded to it.

Great Ormond Street.

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## NETTLERASH, DIPHTHERIA, AND DRAIN DISEASE.

BY EDWARD T. BLAKE, M.D., &c.

IN a good, practical communication from the pen of Dr. Edward Madden in the January issue of this journal, the writer, referring to the ætiology of urticaria, says most truly that defective sanitation is "a hitherto rarely suspected cause of nettlerash." I will premise by remarking that the connection, though not long suspected, is not an unrecognised one; it has been observed by Dr. Slade-King, Medical Officer of Health for Ilfracombe, and Dr. Madden will remember that it was pointed out at p. 650 of last year's *Review*. Still I rejoice that Dr. Madden has raised this point, because we all ought to be familiar not only with the probable signs of "drain-disease," but with each of the possible symptoms.

It is scarcely necessary to say that when a case of nettlerash presents itself in our *clientèle*, we do not at once consider the bearing that sanitary conditions may have upon it. We well know that by most of us urticaria is ascribed offhand to the ingestion of unsuitable food, and the bare possibility of its being the result of hygienic defects is usually altogether ignored. I have been busily engaged during the past two years in collecting and sifting material to aid us in coming to a right judgment as to what conditions are induced by sewer-gas, and what diseases are merely conveyed thereby.

As to conditions induced, I have so far obtained from all sorts of sources, but chiefly from personal observation, the following, roughly arranged in order of frequency:—



IN ADULTS.

1. Throat affections (varying according to constitution) ;
2. Languor ;
3. Morning headache, with malaise ;
4. Nausea ;
5. Chronic dyspepsia ;
6. Feverishness, sleeplessness ;
7. Morning diarrhœa.

IN CHILDREN.

1. Anæmia, palpitation ;
2. Loss of appetite and spirits ;
3. Nightmare ;
4. Glandular enlargements, tending to suppurate ;
5. Recurrent diarrhœa (attributed wrongly to dentition) ;
6. Increase of severity in all diseases (markedly in the exanthemata) ;
7. Delay in convalescence—proneness to relapse ;
8. Vaccination complications.

Besides these classic signs of sewer-infection, there is a more dubious group, suspected upon good ground, but concerning which we want more accumulated evidence and a wider experience. The less certain conditions are these :—

*Skin affections, especially of a vesicular character* (Trend); shingles; herpes of mouth and tonsils, prone to be followed by tedious ulceration (the ulcers considered often to be the primary affection, and attributed to “heat of the stomach”);

*Urticaria* (Slade-King);

*Erysipelas* ;

*Cellulitis*, (a.) circumscribed, boils, &c., (b.) diffuse especially at or near orifices, pharyngeal cellulitis or pseudo-quinsy (Bowles); pararchitis (inflammation beside the rectum in gross-feeding men); pelvic cellulitis in women;

*Abscess* of various kinds, facial, temporal, axillary, inguinal, pelvic, multiple infantile abscesses, often called “strumous”;

*Quinsy*, typical as distinguished from pharyngeal cellulitis;

*Spasmodic recurrent cough* ;

*Croupous pneumonia* ;

*Rheumatism*, and some of its allies;

*Convulsions*, ascribed to dentition.



This list is, of course, very imperfect. If anyone will amplify or precisionise it, the writer will be most grateful.

To turn to the question of origin, of zymosis, Dr. Madden has announced himself as more inclining to *pythogenesis* than to the germ theory. Most sanitarians, for evident reasons, pin their faith to the latter hypothesis.

That the germ theory is a part of the truth I quite believe. That either micrococci or bacteria or any of that fertile tribe, are THE GERMS themselves, I do not conceive to be possible. Taking, for the sake of illustration, the fascinating glandular theory of Richardson, how easy to consider them in the light of disease-conveyers!

I cannot say that I consider Dr. Madden's examples carry conviction. He quotes the case of "puerperal fever" giving origin to four diseases. Were "puerperal fever" an unvarying quantity, this would have weight. But it is half-a-dozen diseases itself,\* any of which may be caused by nearly any disturbing elements in a neglected lying-in subject.

Again do we "often" see distinct diseases occurring simultaneously? I judge not. Rabagliati† gives some remarkable examples of disease-transition. The much-abused *Organon* teems with evidence that the concurrence of two different disorders is exceptional. As far as my own personal experience goes, I have found that when two or more acute specific diseases have been caught at the same time, they do not manifest themselves simultaneously. In the year 1863 I was called to a clergyman's child who had been exposed to the virus of small-pox, of scarlet fever, and of measles at about the same time. Measles appeared first; it was succeeded by scarlatina, and then, when that was over, we had variola, which ran a typical course. Compare this with Dr. Dudgeon's interesting case of variola waiting for vaccinia, recorded in the January number of the *British Journal*.

One word in conclusion as to diphtheria.

If, as Senator has shown, diphtheria be indeed a true local gangrene and the albuminuria, the paralysis, &c., be blood-poisoning, the result of secondary auto-infection—arising, in fact, from the direct absorption of gangrenous material from the throat into the general circulation, surely

\* Endometritis; metritis; peritonitis; cellulitis; uterine phlebitis; diffuse suppurative metritis, with or without pyæmia.

† *Practitioner*. Vol. xvii., pp. 88. 161.



this would be an argument in favour of the use of some local antiseptic. The cases of diphtheria which I have had the misfortune to see die, *died, I firmly believe, of a hot room!* We all know the difficulty of daring to shake off the trammels of early teaching. Unfortunately I had been taught at college to keep my cases in a moist atmosphere of not less than 70° F., thus drawing into the skin just that quantity of blood required to keep a flagging heart in movement. As diphtheric patients die of *syncope*, and not, as one might expect, of asphyxia, that was certainly the best way of killing them!

Though I do not consider that sewer-gas, pure and simple, will induce diphtheria, I do think it is very frequently the means of conveying it; for I have yet to witness a death from diphtheria in a house where all wastes and overflows were externally "disconnected." \* That cases of this kind cannot have too much air; that they would do well in tents and in open pavilions, I do not doubt. To the bold originality of our Transatlantic brethren the real credit of this most valuable innovation on the management of this dreaded disorder is, I believe, fairly due.

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## HOMŒOPATHY IN THE COLONIES.

BY J. MURRAY MOORE, M.D.

### I.—*Homœopathy in South Australia.*

ONE of the Editors of the *Review* having intimated that some notes derived from personal observation and enquiry upon the present state of the new system in Australia would be acceptable, the following three or four papers will comprise all the information that it has been possible to compress within the limits of a hurried personal visit to each colony.

On landing at Adelaide, the capital of South Australia, in the month of November, the Englishman is most agreeably impressed with the climate, the enterprise, and the cultivation of a colonial city. A bright blue sky, a fervid sun, a gentle breeze, orange and lemon trees, corn in full ear, straw hats, muslin dresses, broad straight streets with handsome squares, parks and gardens with geraniums, fuchsias, acacias, cacti, heliotropes, hydrangeas, rhodo-

\* See "Sewage Poisoning." Bogue: 3, St. Martin's Place.



dendrons, &c., all in full bloom; all these make him rub his eyes and doubt the correctness of the calendar. The general air of prosperity that the handsome city of Adelaide displays, prepossessed the writer in favour of Australia, and, say what we will, when one is most kindly and hospitably treated by people who are utter strangers, that impression becomes ineffaceable.

Homœopathic medicines were first introduced and pushed in Adelaide by Mr. Wigg, Senr., an excellent old gentleman, a stationer, who afterwards opened a purely homœopathic pharmacy. Dr. Henry Wheeler, now of London, was induced by him and other lay homœopathists, to settle in Adelaide about 1862; this date is not, however, certain. Dr. Wheeler did so well, that he is popularly supposed to have "made his fortune and retired." Dr. Allan Campbell succeeded him about ten years ago, and has attained a social, political, and medical position of such an eminence as none reach in the Old World who bravely and openly practice homœopathy. His income ranges into the thousands; he has married the sister of the Chief Justice and Deputy-Governor of South Australia; he is a Member of the Legislative Council, or Upper House; on the Board of the General (Allopathic) Hospital; and Founder of the Children's Hospital and Training Institution for Nurses. This admirable hospital is well built, beautifully situated, and economically managed. The peculiarity is that it is unsectarian; that is, half of the wards and half of the medical staff are of the old system, and the other half homœopathic. Thus a large number of the subscribers are heartily interested in the institution, and the Government has not only given £2,000 to the Building Fund of the hospital, but gives £1 for every £1 raised by subscription to the current expenses.

Dr. A. Campbell delivered a capital lecture on the "Functions of the Skin, Baths, &c.," to an audience of ladies, with Lady Jervois, the Governor's wife, at their head, who takes much interest in these Sanatory Lectures, in the board-room; and in this place Dr. Campbell instructs the young women who are in training for the positions of skilled nurses; also they are shown bandaging and minor surgery in the wards. In fact, our colleague's energy, love of work and benevolence are conspicuous, and have given homœopathy a vantage ground in this colony, from which it can never be displaced. It would do good to the hearts



of those who have toiled for years to place homœopathic institutions on a broad, permanent and liberal footing to witness the progress homœopathy has made in Adelaide. Furthermore, a harmonious spirit pervades the inner working of the hospital, and the leading allopaths of the city meet Dr. A. Campbell readily in consultation. Besides this gentleman, there are Dr. W. M. Campbell, his brother and partner, and Dr. S. J. Magarey practising in Adelaide, Dr. Bollen in Port Adelaide, and Dr. Cave in Brompton. Everywhere homœopathy has obtained a substantial footing in the confidence of the public.

As the population of Adelaide is about 85,000, suburbs inclusive, supporting five homœopaths, there does not appear to be an opening here for any more. But I am satisfied that to the small farmer and the navy, South Australia offers exceptional advantages just at present.

Auckland, January, 1880.

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## PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Continued from page 175.

ERRATA IN No. 10.—p. 161, line 14 from bottom, for *levated* read *elevated*. p. 162, line 12, add *comma* after “subsiding,” and in line 18 dele *comma* after “days.” p. 162, line 27, for *ulcerations* read *ulceration*.

(15). *Provincial Medical and Surgical Journal*, 1841.

Vol. 2, pp. 222, 241.

By Dr. J. R. BRUSH.

A Paper read before the Parisian Medical Society.

REFERENCE to cases in *British and Foreign Medical Review*, July, 1838; to Waldinger, 1810; Rayer; Lorin, a French surgeon, 1812; (case of severe inflammation of fingers of both hands from a prick received while operating on a horse with button farcy;) Schilling in *Rust's Magazine*, 1821 (glandorous discharge from nose, peculiar skin eruption, and gangrenous state of nasal integuments); *Edinburgh Medical and Surgical Journal*, Jan. 1823; Remer's essay in 1822; Tarozzi in 1822 (fever and an eruption of boils and gangrenous phlyctenæ in 11 persons); Travers' essay on “Constitutional Irritation;” Mr. Andrew Brown's case in *Medical Gazette*, July, 1829; and Elliotson in *Medico-Chirurgical Transactions*, June, 1830.



Case I. John Smith, aged 30, was admitted Jan. 23rd, 1840, with an indolent ulceration in the lower part of left forearm, communicating with a fistulous passage, extending upwards between the muscles to a little above the elbow-joint. From this sinus there was discharged a quantity of unhealthy-looking pus, the man being evidently in a bad state of health.

History : He was a knacker. About the middle of August, 1839, he ran a splinter into his finger, but continued his work. Next day the finger became painful and inflamed, the pain extending up the forearm and arm as high as the shoulder. In a few days matter formed in the finger, and the flexor tendons sloughed. Soon afterwards another collection of matter took place in the palm, and subsequently to this, two other purulent deposits, one in the lower part of the forearm, and the other at the lower and inner part of the arm, just above the elbow joint. He was exceedingly intemperate, and used to drink an enormous extent of gin. After a few weeks he began to lose flesh and decline in health. He became an out-patient; had formations of matter in the finger, which were opened, but re-formed. Whenever the parts began to heal, he said he became much worse in health, and the pains in arm increased; these pains he would have ascribed to rheumatism, but for the wound in hand. On one occasion the abscess in finger healed, but a fresh formation of matter occurred in the lower part of forearm.

On Oct. 13th, 1839, he was admitted for nine weeks. During this time the abscess in finger and hand healed, but that in the forearm and above the elbow still remained open. Being in a bad state of health, and the abscesses showing no disposition to heal, he was made an out-patient, but was re-admitted on Jan. 23rd, 1840. Poultices and warm fomentations were applied, a *compound senna* draught given; as the sinus showed no disposition to heal, it was laid open; two grains of *quinine* were given thrice daily, and *sulphate of zinc* lotion and water dressings to arm. Under this treatment the parts assumed a more favourable aspect, the sinus contracted, and the discharge became considerably less.

On Feb. 19th, a few days after the wound began to heal, he had pain in arm and shoulder, which by the 20th had extended up side of neck. In the course of the day he had a rigor for about 20 minutes, and subsequently two other



distinct attacks. On the following day he had pain at the left angle of lower jaw, where the parts were swollen and indurated. Leeches were applied, and warm fomentations, besides internal remedies. Next day he had pain on opening mouth; the swelling had extended over the angle of the lower jaw and up the side of face, taking the direction of parotid gland. The swelling was bright red, shining, indurated, and very painful on pressure; the leeches and fomentations were repeated, but without benefit. The inflammation continued to extend, the palpebræ became involved and swollen, so as completely to close the left eye, from which a thick, puriform discharge took place. The swelling and induration gradually extended forwards to the side of the nose. The integuments covering the swelling became livid and ulcerated at various points, which gave vent to small collections of matter, presenting very much the character of carbuncle. The lips became enormously swollen, and tubercular elevations formed on them, which rapidly passed into a state of ulceration. The mucous membrane lining the left side of mouth ulcerated, and portions of it sloughed, the disease extending backwards to the posterior fauces. He gradually passed into a low typhoid state, his breath became remarkably foetid, and was stated by a veterinary surgeon, who saw him two days before his death, to resemble very much that of a glandered horse. He also recognised the characters of the suppurative ulcers on face and lips as similar to farcy buds in horses. The tongue, the entire cavity of mouth, and the teeth, were covered with a dark brown or blackish sordes; great difficulty of breathing came on, apparently from some obstruction at the orifice of the respiratory tube; he became delirious, and died on the evening of March 15th. During the course of his illness he complained of pains shooting up and down the arm. He said he was in the habit of feeding glandered horses, and examining them after death, which he continued to do for seven weeks after the receipt of the wound in the finger. He expressed his firm conviction that he had glanders, which, he said "would do for him at last."

*Post-mortem.*—Left parotid and sub-maxillary glands indurated and adherent to inferior maxillary bone; their substance was thickly studded with numerous small collections of pus, varying in size from a pin's head to a split pea; and around these collections the substance of the



gland was highly vascular and bright red. Of the two glands the parotid was most affected. The *alæ nasi* were livid, and had almost passed into a state of gangrene. Numerous tubercular elevations, which could hardly be said to have passed into a state of ulceration, were seen on the mucous membrane of the nares. The mucous membrane of larynx and trachea was much injected, and an ulcer was seen on it, just below the *rima glottidis*. Several small tubercles were seen at the apices of both lungs; the greater part of them were situated immediately beneath the pleura; they were about the size of millet seeds, very hard, and almost cartilaginous in texture. They were precisely similar to those occurring in the lungs of horses who have died of farcy or glanders; they certainly differed from the tubercles ordinarily found in phthisical cases. The spleen was three or four times its natural size, and in its substance were several small collections of pus. There was also a puriform condition within and in the course of the splenic vein, especially where it emerged from the organ. The disease seemed to commence in the situation of the parotid gland, and from thence to extend to the mucous membrane of the nares and fauces.

After his first admission, Oct. 13th, 1839, he entirely left off work and had not been exposed to fresh contagion, so that more than four months elapsed before the characteristic symptoms of glanders appeared on Jan. 19th, 1840.

Case II. Jane Love, aged 42, attended on the above patient in the hospital. On third or fourth day after his death she perceived a "hard lump" near left axilla, which was painful, the pain extending down the inner side of the arm. On the evening of March 21st, the sixth day after the man's death, the pain in arm increased, and an inflammatory blush appeared on it, which continued to extend, and on the morning of March 22nd presented the following appearance:—The anterior, posterior, and inner aspects of the arm, from axilla down to elbow, appeared to be the seat of an extensive phlegmonous inflammation, of a brick-red or dusky hue, and limited by a well-defined and elevated border. The swelling was indurated, very tender on pressure, and on its surface could be seen several small tubercular elevations; a livid patch about the size of a shilling in the neighbourhood of axilla, and close to this



a large irregular-shaped vesicle, containing a yellow viscid substance at the bottom, and a clear limpid fluid floating above. Anxious countenance, rapid pulse, dry and furred tongue, red at tip and edges; accelerated breathing; great thirst; and a deep dull aching pain over the situation of eyebrows. She had had several attacks of chills, alternating with heat of skin, and had scarcely slept the two preceding nights. Thirty leeches applied to arm gave almost instant relief, and it was then poulticed. Next day felt much better, arm less painful, tongue moist and cleaner. Two incisions were made in arm, the subjacent cellular and adipose tissue was hard and brawny, no pus followed the incisions, only blood mixed with a small quantity of serum. Next day no discharge of pus from the wounds, the parts showed no inclination to take on healthy action, but the inflammatory redness had crept down the elbow to the forearm. Tongue dry, brown, and chapped; pulse rapid and deficient in power, countenance anxious. Ordered strong beef tea and 5-grain doses of *sesquicarbonate of ammonia*. This for a time improved her, the countenance became cheerful, and she felt much better; pulse became less rapid, and stronger, and the tongue better. This condition did not last long; no suppuration had yet occurred from the incisions; there was no tendency in the parts to take on healthy action; an erythematous blush appeared on the upper part of chest and about the neck; several red and purple spots, about the size of a split pea, were seen on left mamma, and between this and the shoulder; there was great thirst, constantly calling out for drink. The inflammation gradually extended down forearm to wrist, and upwards over shoulder, involving the side of neck and upper part of back, and extending as far round as the shoulder of the opposite side. She gradually passed into a typhoid state; refused all food, except a little wine and water; grew weaker and weaker; difficulty of breathing came on, and she died on the morning of March 30th, eleven days from the commencement of her illness. The functions of the sensorium were early affected, a low muttering delirium being present. She had also great dread of having caught the disease from the former patient. Two or three days before death there was a loud mucous râle heard over upper part of thorax.

*Post-mortem.* The affected arm was infiltrated with pus; purulent deposits also between the muscles, following



the course of the vessels, and extending up to the side of the neck and front of chest, but the veins themselves were free, and seemed healthy; numerous small collections of pus in the substance of the muscles on the anterior wall of thorax; integuments of forearm livid, and the subcutaneous and adipose tissues infiltrated with sero-purulent fluid; mucous membrane of larynx, trachæa, and bronchi highly injected; spleen softened.

She had several abrasions on the hand of the affected side, and her hands were often covered with pus discharged from the former patient.

Case III. With the matter taken from this woman's arm I inoculated three kittens, two during her life, and one after her death. The kittens seemed to be well till the punctures healed, when they lost the use of their limbs. One had also a viscid purulent discharge from eyes. In this animal the matter from the woman's arm had been placed in contact with the conjunctiva; the mother also seemed affected, and lay snuffing and sneezing, refusing all nourishment.

Reference to a case in *Lancet*, 1831-2.

Case IV. [Dr. Brush quotes this case and the next from memory.—E. W. B.]

A man was admitted for a suspicious-looking tumour on the left side of face, believed at the time to be malignant. The tumour was livid, ulcerated in several points, and gave vent to a sanious discharge. It extended from the anterior border of the masseter muscle towards left nostril, which was implicated in the disease, and from which there issued a thick, tenacious, purulent discharge, which, adhering to the entrance of the nostril, completely blocked it up. The antrum seemed also implicated. The fœtor from the diseased surface was intolerable, and resembled, as did the tumour, the case of John Smith. The disease had commenced about four months previous to his admission, by pain and a slight swelling on the side of nose, over the situation of the antrum, and had gradually increased to its present magnitude, which was about the size of a small orange. About six months before his admission he had the care of some horses, one of which had a slight cold and running from nose, from which it recovered. During his stay in the hospital the tumour rapidly increased, the left



eyelid became swollen, and there was a discharge of thick, purulent matter from the conjunctiva. He also had great pain in the parts, which pain, he said, commenced with the swelling. He left in a few days, and in about a fortnight more died. Dr. Roupell made a *post-mortem*, and diagnosed therefrom glanders. The tumour had become deep purple, or blackish.

Case V. A man was admitted for a cutaneous eruption, with constitutional irritation. The eruption consisted of hard, round, tubercular bodies, scattered at wide intervals over trunk, extremities, and face; several of the tubercles were flattened at their apices and ulcerated. The eruption bore a considerable resemblance to modified small-pox, but did not present the characteristic umbilicated depression in the centre. Some months before he had driven a glandered horse. He died, and at the *post-mortem* there were found several ulcers, or "chancres," on the Schneiderian membrane, and lobular pneumonia. The eruption resembled the water-colour drawings of that of Prot (whose case is given below), presented to the Museum of *l'École de Médecine* by Rayer.

Case VI. By M. Estavinet. A man was employed as a groom in a stable where there was a glandered horse. He was taken ill, and died.

*Post-mortem.* Small, hard tubercles in lungs and beneath pleura; a solitary tubercle on pericranium, and lobular pneumonia; tubercular eruption on skin, varying in size from a pin's head to a small horse-bean; the smaller closely resembled the sub-pleural miliary tubercles in John Smith.

Case VII. Rayer's case, from *Bulletin de l'Académie de Médecine*, February 14th, 1837. (See also ditto, 1836, vol. i., p. 430.)

A groom named Prot slept in a stable near a glandered horse. The horse died; the man fell sick. He had, besides other symptoms, a pustular eruption on the skin, in the nasal fossæ, and in the larynx; ecchymoses and gangrenous eschars below the ear, on the glans penis, and on the feet; small abscesses in the lungs, large collections of pus in the substance of the muscles, and other symptoms commonly known by the name of typhoid. He died. Rayer presented to the Society the following pathological



specimens from the body :—(1.) Several pieces of skin covered with pustules resembling in form those of ecthyma and variola ; (2) portions of integument taken from neck and penis, attacked with gangrene ; (3) the nasal fossæ covered with a pustular eruption ; (4) the larynx presenting a similar eruption ; (5) several portions of the lungs containing small circumscribed abscesses ; (6) portions of muscle infiltrated with a sanio-purulent matter, red, like blood mixed with pus. Rayer inoculated a horse with the matter of the pustules of this patient while living, and it became glandered.

Case VIII. Deville's case, from *Archives Générales de Médecine*, 1838, read before the Academy of Medicine. A man, having the care of a horse with chronic glanders, pricked his finger September 6th, 1837. He had successively several abscesses, first in the finger, in the forearm, and then in the arm ; finally in different parts of the body during an entire year. About August, 1838, he had an obstinate diarrhoea, which weakened him considerably. On August 28th there appeared an œdema of the superior palpebræ and of the forehead, then of the face ; gangrenous patches showed themselves on these parts, and discharge took place from nasal fossæ ; pustules appeared on the inferior extremities, and he died on September 6th, 1838.

*Post-mortem.* Gangrenous patches on face ; nasal fossæ inflamed, and covered with very small pustules ; on the cranium several erosions had eaten into and destroyed the tissue of the bone. The remarks of Dupuy at the meeting of the Royal Academy of Medicine, February 14th, 1837 ; of Rayer and Barthélemy at a subsequent meeting, and of Bouly at a meeting March 7th, 1837, all referring to glanders in the horse, are quoted. [These I have omitted.—E. W. B.]

Case IX. Breschet's case, from *Archives Générales de Médecine*, 1838.

A man, named Limoisin, who never had syphilis, slept in a stable with glandered horses, commencing his work as ostler, on June 25th, 1838. On August 16th he had a violent pain in left knee, was obliged to give up work, and on 27th entered the hospital. At this period his face was pale and anxious, left knee red, swollen, and painful ; several pustules or phlyctenæ appeared on face, scalp, and extremities. Nose was red and livid, and from



it flowed mucus tinged with blood. In several parts of the body there were deep-seated collections of matter. He passed into a state of stupor, soon afterwards into a state of collapse; the stools became abundant and foetid, often involuntary; breathing laborious, expectoration viscous, thick, and yellow; pulse, 140 to 150. On 80th, delirium came on, the breathing became embarrassed, and he died in the night.

*Post-mortem.*—Inflammation of veins of arm, abscesses in muscles of neck and of pharynx, large purulent collections in the course of the extremities; in nasal fossæ an inflammatory congestion and pustules, a gangrenous patch in the pharynx, which was also besprinkled with phlyctenæ. The lungs presented here and there the lobular divisions inflamed, and in different stages of pneumonia. Lymphatic glands of extremities swollen.

Case X. M. Husson's case. In October 18th [date evidently wrong, E.W.B.] Dondinière, aged 24, was engaged to attend on glandered horses. He slept in the stable with ten of them. He became ill on September 24th. Already for several days past he had had a coryza, and on this day was attacked with cephalalgia and a pain in right shoulder. The pain was regarded as rheumatic, bleeding ordered, and the blood presented the inflammatory crust. Next day an abundant discharge took place from the nares, of dark blood mixed with mucus. Another bleeding was practised, and the blood again had the inflammatory crust. On October 4th to 6th there appeared painful swellings on different parts of body; numerous small pustules formed about axillæ and on the arm, then on face. A continued discharge of mucus took place from the nares. Stupor and diarrhoea soon occurred, and he died on October 8th.

*Post-mortem.*—Showed lesions analogous to those of Breschet's case; numerous abscesses, considerable erosions in nares, and perforation of the septum; pustules and gangrenous patches in this region, lobular pneumonia, &c.

Case XI. Roux's case. A man pricked his finger in opening a glandered horse; he had inflammation of the lymphatic vessels, and abscess in right arm and left thigh.

Reference to Elliotson's case in *Lancet*, 1837-8, vol. ii.; Ions' case quoted from *Veterinarian*, April 1839.



Cases XII. and XIII. Parat's cases, from *Bulletin de l'Académie de Médecine*, 1887-8. Two students wounded themselves in the hand, one in operating on, the other in dissecting glandered horses. In both, the punctures, at first insensible, soon became inflamed, the inflammation spread to the lymphatic vessels of the forearm, and simulated what is called in the horse a farcy-cord; a primary deposit of matter occurred in both cases.

Case XIV. Dr. Brush punctured his finger in making the *post-mortem* examination of the above patient John Smith. Four or five days afterwards the wound had not healed, but had become painful, and on pressing the finger a small quantity of matter oozed out. The abscess continued to increase in size, and the periosteum of the second phalanx of the middle finger, the seat of the injury, became thickened. Soon after this he had dull aching pains shooting up the forearm and arm; an erythematous blush appeared on forearm, and one of the axillary glands was painful on pressure. Hot-water applications to forearm relieved it much, and in a few days the blush had gone. The abscess in finger continued to discharge for about two months, when it healed, and the thickening of periosteum gradually subsided.

(16) *Medical Times and Gazette*, 1861. Vol. i., p. 469.

By Mr. BIRKETT.

S. W. M., aged 28, a horse slaughterer, was admitted March 13th, 1861. Six days before he had cut his right thumb deeply on the dorsal aspect. On 10th he had pains in that part, extending upwards to axilla, and also a numbing pain in right calf. On 11th the pain in arm increased, and on 12th the pain in leg extended up to the thigh. This had become considerably aggravated, and he then became generally indisposed and was unable to stand. On admission he stated that he was extremely ill, and that his limbs felt almost paralysed; he was quite unable to stand. He had constant rigors, a burning skin, white tongue, and pulse 120. The wound in hand was inflamed, and the right calf and thigh swollen and evidently the seats of abscesses. These were freely opened with relief. His case was considered pyæmia.

March 14th. Much relieved, had slept tolerably, abscesses discharged freely, and he could take food.



March 15th. Was seized with vomiting of dark, bilious fluid; powers less.

March 16th. The vomiting continued, and he had pain in left thigh, where an abscess was discovered, which was freely opened. He is physically in a very low condition; took brandy, eggs, and other liquid food with avidity. His manner was peculiar and somewhat excited.

March 17th. Another abscess opened in left arm.

March 18th. An abscess in left foot.

March 19th. A pustular eruption on face and body; it was peculiar, having no definite shape; it appeared to be more like small irregular blebs, containing pus, varying from the size of a pea to a sixpence; some were round, others oval, and others of an irregular form. Towards evening his breathing became much impaired, a bloody mucus obstructing the nostrils. Towards night he became delirious, his powers became less, the nasal discharge more profuse, and at 1.30 of 20th he died. The eruption some hours before his death in parts had disappeared, but in others a fresh crop sprung up, particularly over the region of the sternum; these were of the same character, but smaller.

(17.) *Lancet*, 1854. Vol. i., p. 337.

Report of Medical Society of London.

[This report differs somewhat from that given in the *Medical Times and Gazette* (see above), both omitting and supplying symptoms. Can the *original* papers read before the Society be examined?—E. W. B.]

Mr. W. J. Cox read a paper on a case of glanders, of which the following is an abstract:—

A man, aged 47, was attacked with severe salivation, swelling of tongue and sublingual glands, accompanied with great prostration and restlessness. In three days there was a slight viscid sanious discharge from the nostril, and the Schneiderian membrane was seen to be strongly injected, and a scab was discernible, showing tendency to erosion. The watchfulness was most obstinate, and there was now delirium. His articulation was so impeded that his speech was unintelligible. He slowly recovered health and strength, but about twenty days after his first attack he complained of pains in limbs, and the glands of axillæ and inguinal regions were enlarged. About a week before his admission he had been in a stable with a



glandered horse, but at a distance from it of at least 6 feet. He felt sickened and faint, and the next day felt soreness of mouth and throat, and slight salivation, which went on increasing. References to remarks by Elliotson, Copland, Rayer, Eck (of Berlin), and R. Williams.

(18) *Lancet*, 1861, vol. ii., pp. 101, 126, 340; 1851, vol. ii., p. 103; 1830-1, vol. i., p. 514.

Reference to papers by Bourdon and Bouley, read before the Academy of Medicine of Paris; to Guillon's letter in *L'Union Médicale*; and to the death of a veterinary surgeon at Vats (department of Charente), from the poison entering the eyes: also, review of *A Practical Treatise on Glanders and Farcy in the Horse, &c.*, by Richard Vines, 1830.

(19) *Lancet*, 1861. Vol. ii., p. 511.

By M. Maugeret. From *Gazette des Hôpitaux*, September 24th, 1861.

A woman, aged 39, and 7 months pregnant, contracted glanders from a horse. She had intermittent fever and pneumonia, after drinking much cold water when heated. Several days afterwards, she had severe pains in legs, pustules about the nose and forehead, and discharge from nostrils. The eruption soon invaded the whole face, and descended to the shoulders; the nose swelled enormously, the discharge becoming thick and purulent, and as the glands of the neck swelled considerably, the head became hideously large and repulsive. Delirium set in, scorbutic patches appeared on the chest and legs, and dark blood exuded from the gums. The face swelled more and more, and became covered with crusts and blisters, the nasal discharge increased, and was incessant; the eyes, enormously tumefied, also oozed with purulent matter; respiration was anxious; tongue, black, thick, and dry; stools involuntary. Her agitation and cries were fearful, and she could hardly swallow a drop of liquid. The whole body was soon covered with a foetid perspiration, and a great number of tumours, and the breath was horrible. Labour came on, and she gave birth to a hardly viable child, which survived 24 hours.

(20) *London Medical Gazette*, 1845, p. 208. (May 30th).

Reference to Mr. William Percivall's work on *Glanders and Farcy in the Horse*, 1845, and to his paper on



*Glanders and Farey in Man*, in the last number of *Veterinarian*.

(21) *Lancet*, 1843-4. Vol. i. p. 624.

From *Galignani's Messenger*.

M. Beuzard, of Verzy, in the Aube, while giving a drench to a glandered horse, received a wound in his cheek from one of the horse's teeth. Next day his face became dreadfully inflamed, his nostrils ejected a purulent matter similar to that discharged by the glandered horse, his body was covered with gangrenous spots, and every other symptom of glanders appeared, and increased in violence till he rapidly died.

(22) *British Medical Journal*, 1870. Vol. i. p. 86.  
By Dr. F. GARUTSON. (From *Baltimore Medical Bulletin*.)

A man had charge of two horses, said to be glandered, and which soon afterwards died of the disease. He suffered for about three weeks from pains in limbs and weakness, followed by symmetrical glandular enlargements, and a pustular and ulcerative erysipelatous eruption on face and arms. He died after five weeks illness.

(23) *British Medical Journal*, 1871. Vol. ii., p. 193.

(From "Our own Correspondent.")

Professor Traube recently had a case of glanders, in which the face was much swollen and deformed from large reddish-black gangrenous patches, while the body was studded with pustules, rather smaller than those of variola. There were a considerable number of abscesses, and also the pathognomonic yellow discharge from nose. Death occurred from pulmonary embolism. The patient was a groom in charge of glandered horses.

(24) *Lancet*, 1877. Vol. ii., p. 789.

By Dr. GEORGE SHEARER.

James H., æt. 18, went to hospital three weeks ago (May, 1866), supposed to have syphilis and general debility. He had sore throat, rauous voice, marks of old pustular eruptions on body, and swelling of left foot, which was marked with livid discolorations. While at home, about a fortnight later, his right arm swelled tremendously, then



the left, then the right foot, on which bloody blisters formed and burst, new blisters rapidly developing in the track of the discharge. His eyes swelled and he has lost sight in them; the nostrils swelled out literally "like a horse's;" the upper lip swelled and protruded fully two inches from teeth; throat and neck became spotted black and swollen immensely. For three months—i.e. from beginning of March, 1866—he had had sore throat and slavering at the mouth, with fœtor of breath, at which date he believed he had received infection from the matter of an abscess on a horse's thigh. He had at the time a linear cut in the hand, and the first symptom was a festering yellow sore in the track of this wound, made up of separate yellow pustules. As soon as the wound and its pustules dried up, an eruption of pustules, each as large as a four-penny piece, came out all over the body, and while they stood out he continued highly feverish. He became quite maniacal at times, jumping about and biting like a mad dog, and hawking up immense quantities of clear, viscid, glairy, tenacious fluid, of which strings could be drawn out and carried in unbroken tenuity quite round the room. He died in ten days, and was said to have the "features of a donkey."

His mother suffered for three weeks after her son's death from extraordinary salivation, with palpitation and irregularity of heart, and intense garlicky odour of breath; she had a degree of congestion of the sub-mucous tissue of the buccal cavity, and prominence of the mucous follicles.

(25) *Medical Times and Gazette*, 1867. Vol. ii., p. 424  
Reference to Guyon's experiments.

(26) *Medical Times and Gazette*, 1865, Vol. i., p. 224.

By Dr. HABERSHON.

James F., æt. 37, was admitted May 27th, 1863. Has only had one other illness, which he called inflammation of lungs, but he has been very intemperate, and has been subject to winter cough for some time. He says his present illness began with a cold. On driving home, May 16th, he felt very chilly, but did not begin to be actually ill till the 18th. He then felt great pain in back, and on that evening his left side became very painful, like "being pierced with daggers." He got worse till admission. Present condition: anxious, rather worn-out appearance;



skin hot, and rather dry; tongue furred, dry, and somewhat fissured; appetite very indifferent, and has taken but little nourishment during the last week; pulse 100, and compressible; on percussion, somewhat more than the natural amount of resonance; rhonchus and sibilus all over chest; respirations, 20; pain in left side at base of lung, much worse on inspiration and coughing; indistinct pleuritic rub at base, posteriorly; cannot lie well on either side, the most comfortable position is on back; short cough, with scanty mucous sputa; severe pain in both elbow-joints on extension, but without redness or swelling.

May 28th. Urine high-coloured, no deposit on standing; not coagulable by heat or nitric acid. Ordered, *coloc.*, *calomel*, *Dover's powder*, poultice to side, and wine.

May 29th. No pleuritic rub, sibilus very well marked; complains much of right foot, which is inflamed, but not very tender; no fluctuation. *Lotio alba* was applied, then a poultice, which gave some relief, but it still continues painful. Ordered *Dover's powder*, night and morning.

May 30th. Rhonchus and sibilus all over chest, with some mucous râles; expectoration increasing; foot still painful, with the appearance of phlegmonous erysipelas; pain in lower part of back, which is red; distinct rigors to-day.

June 1st. Ordered *hydrocyanic acid*, *ex. mist. cornui co.*

June 2nd. Last night the pain in foot was so great that, though no distinct fluctuation could be detected, an explorative incision was made, and afterwards enlarged, from which a quantity of pus was evacuated. A hemlock poultice was afterwards applied, and to-day he feels considerably relieved. The back, over lower part of sacrum, and on inner edge of each buttock is red and fissured, with a tendency to an eczematous eruption; it is of an erysipelatous hue. Cotton wool, with oil, is to be applied. Left forearm, just below elbow-joint, is very painful, but without marked redness; the temperature of that part of the forearm is decidedly higher than that of the arm. Pulse 100, weak and compressible. Slight delirium during night, but this morning is quite sensible. Rhonchus and sibilus still heard all over chest, in some parts with mucous râles; no pleuritic rub. No shivering to-day or yesterday. Respiration 20, laboured, with great wheezing.



Tongue flabby, and rather furred. Skin above normal temperature, and expression more depressed. Ordered brandy as well as the wine.

June 4th. Continues delirious at night; less cough and scanty expectoration.

June 5th. This morning semi-delirious, and constantly wants to leave bed; is not conscious that he is in a hospital. Pulse 104, fluttering; rhonchus and sibilus still, but hardly any mucous râles; eruption of vesicles all over back; lower part of back less painful; does not complain of any pain, but is evidently worse. Respirations 28; pupils contracted; urine scanty, brownish without albumen. Ordered *hyos.*, *chloric ether* and *camphor*. On back of right hand is a swelling, having an erysipelatous hue, and painful on pressure. Poultice to foot and elbow.

June 6th. Pulse 116, feeble; respirations 29, laboured; rested better last night; sibilus and rhonchus all over chest; coughs a little, and expectorates a little frothy tenacious mucus; tongue moist, but complains of thirst. The swelling on hand to be enveloped in cotton wool and oil, and a poultice is to be continued to elbow. Repeat last mixture and *sulphate of quinine*.

June 8th. Respirations 29; pulse 120; right hand more swollen and very red; numerous pustules on calves and between shoulders, most of which are about three-quarters of an inch in circumference, though some are larger; subsultus tendinum, and picking of bed-clothes; mutters almost incessantly, but when spoken to answers questions; much nausea.

June 9th. Respiration 44; pulse 134; elbow and back of hand are not so swollen, but pustules appear on various parts of body; lips parched, tongue dry; rested badly during night; to-day, for the first time, thin watery discharge from nostrils; subsultus tendinum, and floccitation; much more delirious. At 8 p.m. much the same; pulse 130; seems conscious for a minute or two, and is again quite delirious; whole face seems swollen, a bloated appearance; great aversion to his friends sitting round his bed; mutters continually. Ordered *ammonia*.

June 10th. Rested a little better during night, but this morning presents a sad appearance; face much swollen, and is marked in various places with pustules, which also are found all over body; on each leg and thigh there are about twenty, and several on back and arms; local suppu-



ration in neighbourhood of smaller joints ; the swelling on back of left hand has greatly subsided, except in one position, where fluctuation is detected, and into which an opening is made, and pus evacuated ; respiration 44, spasmodic ; pulse 120 ; subsultus tendinum continues. At 5 p.m. pupils contracted ; discharge from nostrils still ; the pustules in some places discharge their contents ; urine dark brown, not coagulable by heat or nitric acid.

June 11th. Day and night he remains in much the same position on his back, and mutters incessantly ; still more pustules on various parts of body, accompanied by local suppuration, and they are apparently scattered indiscriminately over the body ; lips and teeth covered with sordes ; takes no notice of passing events.

June 12th. Died at 2.30 a.m. The back and posterior aspect of legs and arms very black.

After death it was ascertained that the horse he had driven on May 16th had glanders, from which it died.

The pustules had the character of the sero-purulent blebs sometimes seen in pyæmia ; vesicles appeared first on back, then on extremities, and last on face ; they were isolated, like those of rupia, without inflammatory base ; they soon became larger and more prominent, and were filled with pus, the pus assuming a deeper colour as the pustules enlarged. They were *not* like those of variola, or from *tartar emetic*.

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## THE CLIMATES OF DAVOS AND COLORADO, U.S.A.

AGAIN we have to thank our friends Mr. and Mrs. M'Morland, of Davos, for their carefully prepared notes of the climate of Davos during February. On days when the wind is not referred to the valley was absolutely still. The following is their report :—

### METEOROLOGICAL OBSERVATIONS FOR FEBRUARY, 1880.

#### TAKEN AT THE HÔTEL BELVEDERE, DAVOS-PLATZ.

- Feb. 1. Cloudless, save a few streaks of cirrus.  
,, 2. Cloudless, save two small streaks of cirrus.  
,, 3. Cloudless.  
,, 4. Ditto.  
,, 5. Ditto.



- Feb. 6. Cloudless.
- „ 7. Ditto.
- „ 8. Cloudless, save a streak of cirrus in the south, till 2 p.m., when it became cloudy.
- „ 9. Cloudless, save that now and then some clouds rose on the southern horizon.
- „ 10. Three hours of sun in the forenoon, otherwise cloudy.
- „ 11. Sunshine (brilliant) and clouds alternately.
- „ 12. Splendid sun till 12 p.m., then many clouds, and little sun; south wind above, *slight* valley wind from the north.
- „ 13. Cloudy, and snow-showers (never heavy) all day. Above, south wind; a *slight* valley wind from the north.
- „ 14. Cloudless.
- „ 15. Splendid, but now and then some cirrus veiled the brilliancy of the sun.
- „ 16. Forenoon cloudless, afternoon some white clouds.
- „ 17. Sun till 11 a.m., then cloudy; 1 hour of sun in the afternoon. From 5 p.m. cloudless.
- „ 18. Snow all forenoon, 2 inches fell; afternoon cloudy, and a *little* wind.
- „ 19. Very fine, but some clouds now and then modified the heat of the sun.
- „ 20. Till 12 a.m. splendid sun; afternoon cloudy, little sun, but also a *little* wind.
- „ 21. Sun all day, save for an hour, when hidden by clouds. Once or twice a puff of wind.
- „ 22. Snow all day, never hard.
- „ 23. Snow all night, and it snowed all day, about 8 inches fell.
- „ 24. Snow in the night, 2 inches fell, and it snowed in the day till 2 p.m., then a little sunshine.
- „ 25. Very fine, but never *absolutely* cloudless.
- „ 26. Perfectly clear till 10 a.m., then some light clouds; from 3 p.m., quite grey, and a little wind.
- „ 27. Sun and snow showers time about; after 12 a.m. a slight wind rose.
- „ 28. Cloudless till 12 a.m., then a few clouds from 3 p.m., quite grey, and a *little* wind.



Feb. 29. Glorious, only one or two streaks of cirrus visible

FEBRUARY.	BAROMETER in inches.	THERMOMETER.			BULBS.	
		Max. in figures.	Min. in figures.	Solar Max.	Dry.	Wet.
1	25.26	43.0	15.5	131.5	38.0	31.6
2	25.27	43.7	15.3	130.0	38.25	32.25
3	25.22	42.0	14.0	129.5	38.3	32.25
4	25.23	42.8	14.3	129.5	39.5	32.5
5	25.12	42.6	13.3	129.7	36.75	32.0
6	25.05	39.5	9.7	121.0	35.0	30.5
7	24.98	43.0	13.0	128.5	38.25	32.5
8	24.80	41.8	11.3	127.0	35.5	32.0
9	24.83	38.75	8.8	125.5	35.0	28.0
10	24.72	32.5	16.0	64.5	35.5	32.25
11	24.69	37.2	26.3	134.0	37.0	35.0
12	24.93	38.0	20.0	131.5	34.25	32.25
13	25.03	28.5	19.2	114.5	27.0	26.25
14	24.99	37.0	10.5	132.25	35.0	29.25
15	24.98	44.5	9.0	129.0	31.5	30.25
16	24.76	45.25	11.5	126.5	39.5	31.15
17	24.74	44.5	25.0	128.5	42.5	36.0
18	24.72	33.5	31.25	126.0	32.0	28.5
19	24.99	43.0	17.0	128.0	40.0	34.25
20	24.93	43.5	17.7	131.25	42.0	34.0
21	24.98	46.25	7.5	68.0	42.25	33.3
22	24.85	46.25	9.0	59.0	34.5	32.75
23	24.67	31.5	18.8	91.0	29.8	28.75
24	24.73	35.0	23.0	141.0	34.3	33.0
25	25.06	37.5	23.0	142.5	34.0	29.5
26	24.99	40.2	4.5	122.0	37.0	32.3
27	24.74	30.0	7.7	139.0	28.5	25.25
28	24.76	35.25	9.5	121.0	34.0	28.25
29	24.87	43.25	15.0	139.5	41.0	35.25

The climate of Colorado would seem, from the following description of it, to be very similar to that which obtains at Davos. We extract it from a letter addressed by the very reverend the DEAN of DENVER (the Rev. H. M. HART, formerly incumbent of St. German's Church, Blackheath) to the *West Kent Courier*. It is dated February 6th, 1880 :—

“The ground is covered here with snow, but though the thermometer was zero at breakfast-time, I cannot say it was cold. The sun rose a little after seven, and passing a solitary cloud which streaked the horizon, he seemed to take delight in enwrapping it in all the gorgeous array of his many-coloured



beams. Perhaps he felt that this would be his only chance to-day of exhibiting his illuminating effects, and he determined to let the earth know that he could make even a cold, damp mist a thing of glory. I watched that cloud until the Majesty of the Day had risen above it, and had gilded mountains and prairie with a flood of ruddy light, and since then he has run his course, and found no other cloud round which his beams might linger.

“It is a very curious phase of climate to which we are treated—in the sun it is warm—as warm as a bright May day without east wind—and yet the snow hardly melts. I have been out all the morning, and my boots yet retain their shine. No doubt if I put a basin of water in the shade it would freeze at once, but still it does not feel cold. Most of this may be accounted for by the utter dryness of the air. I saw a young lady the other night slide across the room, and the mere friction of the soles of her shoes against the carpet caused her to become so electrically excited that she lit the gas with a spark from her finger. This climate is a wonderful boon to consumptive and asthmatic people. I have often heard it asserted that tuberculous disease never is truly cured,—perhaps not,—but there are many people here who came suffering from what was called tuberculous mischief who are now apparently well. I saw this morning an English milliner who came here with her husband seven years ago. He was pronounced incurable by the doctors at the Brompton Hospital, who said he could not live more than four months. They came out here, and he lived nearly five years. I could write of many cases—all improved—many apparently cured.”

### CLINICAL MEDICINE AND SURGERY.

THE energetic faculty of Hahnemann Medical College, Chicago, have recently commenced a monthly publication called *The Clinique*, which is intended to give abstract reports of the clinical lectures delivered at the hospital and of the proceedings of the Clinical Society of the Hahnemann Hospital.

The following cases, with the observations upon them, are contributed by Professor Hawkes :—

“CHRONIC HEADACHE. *Case 7,547.*—Female, aged thirty-eight. Has had a severe headache for the past year or more. The head aches all over with a terrible, drawing feeling. She often awakens with it, and it is always worse in the morning. The paroxysms are gradually increasing in frequency and severity. She now has them as often as twice a week. Her occupation is sewing with a machine. She becomes unconscious while at her work, and drops her



head forward on the machine, remaining unconscious for a time. The head sometimes feels large. She thinks intensely upon trivial matters. There is much heat about the vertex. She says she is perfectly well in every other respect; but, on being questioned closely, says her feet often get cold, with burning in the soles at night; she gets very weak, and has an empty, gone feeling in the abdomen if she goes without her meals longer than usual, and sometimes even an hour before the usual time, especially before dinner. She is very sensitive to cold air, and to the external application of cold water. Feels tired after waking in the morning. A red spot comes on her tongue, which feels as if burnt. She is of "light" complexion. The family history is good, the parents living to a good age; the mother died of paralysis.

Sulphur was prescribed, the deciding symptoms being headache, with heat on vertex; faint, empty feeling an hour before dinner-time; cold feet, with burning on the soles at night, and the sensitiveness to cold water, all of which are strong symptoms for the remedy.

The patient reported, in two weeks, a marked general improvement, having had but one paroxysm during that time. At the end of three weeks she was still improving and very much better. She did not return.

AGUE. *Case 7,564.*—Male, aged twenty-seven. Has had chills and fever for five weeks. Was in Missouri, but was not seized with the ague until the next day after returning home. Has taken quinine, "boneset tea," and lemons and salt. The chills came every day, and at first were postponing. They now come every second day, about 1 p.m. Thirst during the chill and sweat, but seldom during the fever. Terrible headache during chill; the headache is his principal grievance. The urine cannot be controlled, and "looks like boneset tea." He craves much salt in his food.

*Natrum muriaticum* was selected as the remedy, on account of the prominence of the head symptoms and the *craving for salt*. The chill of this remedy usually comes on about 9 or 10 o'clock a.m. every other day, and is accompanied by terrific headache. When this remedy is indicated, the desire for salt is nearly always present. The time of the coming of the chill is often deranged by drugging.



As is usually the case when *Natrum* is indicated and is given in the proper potency, the patient had one slight chill on his next chill day, and that was the last. The potency in this case was the 200th.

**DIPHTHERITIC SORE THROAT.** *Case 7,565.*—Female, aged twenty-eight. Is troubled with what is usually called diphtheritic sore throat. The tonsils are much swollen, the right one being dotted all over with grayish-white patches. The left one has a few spots. Much headache and backache. Pain extends from throat to the ears, especially to the right one. *Raises much tough, stringy mucus*, which is so tough and ropy that she can scarcely wipe it off.

The characteristic symptoms in this case are the isolated patches; pain running from the throat to the ears; and, best of all, the *tough, stringy expectoration*. When this latter symptom exists as markedly as in this case, no matter in what pathological condition, *Kali bichromicum* is the remedy.

**NEURALGIA.** *Case 7,566.*—Male, aged forty six. Has had neuralgia for two years. The teeth became loose and the gums ulcerated. Had a section of the nerve made for its relief. The pain immediately went to the left ear, and now he is deaf in that ear. Had his hair cut in June, and caught cold therefrom. The trouble came in the following August. The pain often comes suddenly, and is worse in cold weather; it changes from place to place, but centres in the ear. He is continually in pain when cold. The eyes and the nose often become red while the pain is severe; the eyes filling with mucus in the morning. He cannot sleep at night, and feels wide awake.

*Belladonna* was given because of the neuralgia from taking cold after having the hair cut; the pain comes suddenly; the eyes (and nose) are red while in pain. *Pulsatilla* was also thought of and discussed, on account of the changeable nature of the pains, and the condition of the eyes in the morning. But the former remedy seemed best indicated, and was given.

A week later, he reported no better, and the further symptoms were elicited that he had a thick, yellow, catarrhal discharge from the nose, in the morning, and had a special dislike for fat or greasy food. *Pulsatilla* was prescribed. The patient reported at the end of another week, that he had been as well as ever nearly the whole week, but the last



day he had a return of the pain. Felt generally better. Remedy continued.

**ERYSIPELAS AND NEURALGIA.** *Case 7,568.*—Male, aged forty. This man has erysipelas and also neuralgia about the heart; sometimes the one comes first and is followed by the other, and *vice versa*. The erysipelas centres about the left eye, and spreads from that point to various distances over the face and head. It is accompanied by a smarting, burning sensation. It first appeared five years ago, after having taken cold while overheated. Has had rheumatism frequently, which is always worse in extremely cold weather, also during extremely hot weather. Active exercise, such as running or rapidly ascending the stairs, produces palpitation of the heart. He is restless and sleepless at night, especially about midnight; cannot sleep because he is so restless, tosses about and cannot find an easy place. The neuralgia is worse at night, with much pain around the heart if he lies on his left side. Gentle motion relieves all the painful symptoms.

There is no doubt that, in this case, all these groups of symptoms—erysipelas, neuralgia about the heart, and rheumatism—each of which is misnamed a disease, are branches of the same root. Exactly what the nature of the root is may be a disputed question. My belief is that this root, or cause, is a morbid impression upon the nerve centres, which deranges their functional action. There is no organic change in the organs, or tissues, in which are developed the evidence of this wrong working of the governing nervous power.

If I am wrong, how will the infinitesimal dose of *Rhus tox.*, that I am about to prescribe, accomplish a cure? It *will* cure. If I am right, how comparatively easy to explain the otherwise inexplicable power of our materially small doses. The nervous system governs all. A thought, an emotion, deeply impresses the nervous system. It requires appreciable power to impress the other organs and tissues.

*Rhus tox.* was prescribed, the guiding symptoms being the exciting cause; the period and conditions of aggravation—worse at rest, better from gentle motion, worse at night, especially about midnight, when he is so restless that he cannot lie still; rheumatism; erysipelas.

The patient reported, four weeks later, that he had been almost well up to within a day or two, when he had taken a violent cold. He rested better, had less pain and less



palpitation, could exercise more freely without producing heart symptoms, and was, in fact, better in every respect, except that the erysipelas was more persistent.

This is a good sign. While treating chronic disease, the more pronounced the skin symptoms, the more encouraged we should be. Continue the same remedy.

(*To be continued.*)

## REVIEWS.

*The British (and Cypher) Repertory. Chapter xviii. Female Genitals.* By Drs. DRYSDALE & STOKES. 8vo, pp. 95. Hahnemann Publishing Society. Secretary, Dr. Hayward, Grove Street, Liverpool. 1879.

WE have already favourably noticed former chapters of this *Repertory*, one of the publications issued to the profession by the Hahnemann Publishing Society, under the title "*A Systematic Arrangement and Analysis of the Materia Medica Pura.*"

This chapter contains the symptoms of the female sexual organs furnished by homœopathic literature from the earliest period down to *Allen's Encyclopædia*, including the supplement thereto. It is, therefore, up to the present day; and having been prepared by those veterans in homœopathy and sticklers for pure symptomatology, Drs. Drysdale and Stokes, it may be relied on as being scrupulously correct and thoroughly complete.

By the systematic arrangement adopted, the character of the symptom is given, followed by a list of the medicines that have produced it; then follow the varieties of this symptom, with the medicines that gave rise to each variety; after these we have their conditions and concomitants. Then come the pains, in classes, with the varieties of each, and the medicines that produce each; and then the conditions and concomitants of pains. Afterwards are those symptoms that have a definite course and progress; and following these such as are insusceptible of special classification, and are so peculiar as to require to be given in full; and finally those that have a definite anatomical seat, given according to their respective regions in Hahnemannian order.

All this information is presented in ordinary printing; making a complete repertory, with the symptoms and their varieties, their conditions and concomitants, and the medicines that excite them; all are brought under the eye at once, in ordinary type. But upon this, and in addition to it, is engrafted another contrivance in order to bring a still wider field into view—to give the connections and relationships of the different symptoms and all the component parts of each symptom at once and together, each time any part is given. This contrivance is the cypher.



Of course on looking up any word in a repertory, it is desirable we should be able to see whether it was the whole symptom in the proving or only a part, and if only a part that we should, at the same time, be shown all the rest of the symptoms, without turning over page after page as many times as there are words in the symptom we are looking up. But it is impossible to give every symptom in full in ordinary type under everyone of its component parts, because of the immense size of the book that would be required. This difficulty has been got over by the adoption of a very simple set of cyphers. These cyphers are *an addition* to the ordinary repertory, and are merely used to fill in the rest of the symptom each time any part of it is given, so that the whole symptom may be seen whenever any part of it is looked for. This is further assisted by what are called "collective headings" and "selects," by which the medicines that produce the special symptoms most completely or most characteristically are "collected" and "selected," and specially pointed out.

We need scarcely even remark on the immense advantage of such contrivances for the busy practitioner, who wishes to follow true symptomatic treatment.

The chapter before us covers a very important field of everyday practice, and is, we venture to think, a book that should lie on the table of every practitioner of homœopathy for daily reference.

We are sure that any one may, by a little well-spent effort, make himself sufficiently familiar with the cypher to be able to use it, and so save himself the trouble and time of turning over page after page, as he must do with an ordinary repertory. But even without the cypher this *Repertory* appears to us to be as complete and usable as any other; we recommend every practitioner to use it—with the cypher if he can, without it if he cannot.

Since the foregoing notice was written, we have received the following letter from the Secretary, which may be more appropriately inserted here than relegated to that part of our *Review* which is devoted to correspondence.

"Gentlemen,—In a short notice of the chapter 'Female Genitals,' of the above *Repertory* in the *New England Medical Gazette*, the editor makes the following remark: 'We cannot speak from experience, but should imagine that for a good while the labour of mastering the unknown tongue (the cypher) would far exceed the labour saved by it.'

"I was very sorry indeed to see such a criticism; and after such a confession! And all the more so, from such a sound and practical editor, whose zeal for real homœopathic practice should have caused him to make at least some effort to acquaint himself with such a simple arrangement.



"I fear he has not seen, or at least not read, the 'Introduction' to this *Repertory* which accompanied the first chapters issued; or even the remarks on it made at the last British Congress, and which were published in the *Monthly Homœopathic Review*, vol. xxiii., p. 625.

"This stricture is a specimen of the style of criticism that has been accorded to this *Repertory*, viz., *without experience and without trial*, and yet condemnatory! Such criticisms have done much to prejudice the profession against this *Repertory*, and to shut out from homœopathic practitioners a work specially designed to save them time and labour, and to enable them to practice real homœopathy.

"Those who have undertaken, *con amore*, and without the slightest remuneration, the laborious task of compiling this *Repertory*, and the scores of practitioners who have used it, can, *from experience*, assure the editor of the *New England Medical Gazette* that all the apparent complexities disappear immediately to any one who makes but a small attempt to understand this time and labour-saving invention.

"It is greatly to be regretted that those who assume to direct practitioners in such matters should *without experience* pronounce judgment upon such *practical* works. As well might a musical critic pronounce judgment on a violin or piano without trial.

"I am, Gentlemen,

"Yours truly,

"JOHN W. HAYWARD,

*Hon. Sec. Han. Pub. Soc.*

"Liverpool, March 9th, 1880."

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*Stammering, and its Rational Treatment, with remarks on Canon Kingsley's Elocutionary Rules.* By E. B. SHULDHAM, M.D., Trin. Coll., Dublin, M.A. Oxon. London: Homœopathic Publishing Co., 1880.

THIS is an excellent work, on a subject which has too little engaged the attention of medical men. Such monographs are extremely useful. Dr. Shuldham has evidently studied his subject carefully and thoroughly, thinking for himself, and not accepting the doctrine of even such a writer as Canon Kingsley, who possesses the additional authority of having been a sufferer from this defect. Dr. Shuldham carefully analyses the *modus operandi* of stammering, believing it to be a result of spasm of irritable muscle. We quite agree with him in this view, having had considerable personal experience in the matter, and we are also satisfied of the correctness of his criticisms on Canon Kingsley's elocutionary rules. Our author lays great stress in the treatment of stammering on the right or "artistic" management of the breath. No stammerer breathes evenly, artistically, or



naturally, and there is no doubt that training in the "art" of breathing is a *sine quâ non* for the cure of stammering. The medicines Dr. Shuldham names are just those which are in most cases indicated, and we might suggest *agaricus* as an addition to his list. These, according to indications in particular cases, are the true "tonics" for the irritated nerves and spasmodically acting muscles, and not such supposed "tonics" as the constantly repeated allopathic *quinine* and *iron*. Dr. Shuldham very correctly points out the extreme importance of attending to the general state of physical health, and the avoidance of over fatigue, or of anything which will be too great a tax on the stammerer's nerves. We know of one case where a stammerer has been quite cured, but yet if the patient talks before breakfast, or takes an extra glass of wine at dinner, he is sure to have a reminder of his old enemy.

This book is charmingly written, and we heartily commend it to the notice of all medical men, and of any who are unfortunate enough to be sufferers from this disorder treated of.

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*Physicians and Surgeons Practising Homœopathy.* BARRAUD & JERRARD, London, 97, Gloucester Place, Portman Square, W.

WE have received a copy of this excellent picture from the photographers Messrs. Barraud and Jerrard, 97, Gloucester Place, Portman Square. It is an extremely interesting group, and the execution of the work is excellent. We have here most of the leading practitioners of homœopathy in a large standing group, with an architectural background. The likenesses are excellent, and therefore easily recognised, while the grouping is admirably arranged, considering the difficulty of such an undertaking. This photograph ought to adorn the walls of all our homœopathic *confrères*. We hope Messrs. Barraud and Jerrard, who have taken such trouble to produce a group which is of much interest at present, and may some day be of historical value, will have no lack of orders. We may inform our readers that there are two sizes of the photograph published, one 29 inches by 20, and the smaller one 19 inches by 13.

The price of the larger one is £3, and that of the smaller £1 5s.; but, in a group containing so many figures, there can be no doubt that the larger one is much the more valuable. A "key" to the names of those present is furnished with each photograph.



## EXTRACTS FROM MEDICAL LITERATURE.

## NATRUM MURIATICUM IN MELANCHOLIA.

DR. TALCOTT, Medical Superintendent of the Homœopathic Asylum for the Insane at Middletown, New York, reports the following case in the *Homœopathic Times* :—

Mrs. P. was admitted to the Asylum, April 3rd, 1879. She had been gradually failing in health and spirits for nearly a year. When received, she had the appearance of an old woman, although but about 35. Her features were pale, thin, drawn, sallow and haggard. The patient was very restless, anæmic, and feeble, having had a poor appetite and slept but little for several weeks. She complained of headache, mostly in the occiput; was incoherent in speech, constantly repeating short expressions, such as: "tell me the story;" "give me the papers;" "they know," and other disconnected remarks. Her breathing was laboured; inspiration lengthened, expiration very brief. She was much given to frequent and profuse ebullitions of tears. Was quite thirsty and chilly at intervals. Patient had taken *chloral hydrate* for sleeplessness, with indifferent results. *Natrum muriaticum* was at once prescribed and steadily continued. The first night, under this and no other remedy, she slept one and a half hours; the second night she slept four hours, and within five days she slept sufficiently, and continued to do so until discharged.

The improvement in this case was steady and continuous. The symptoms and conditions successfully combated with *natrum mur.* were—a general and persistent anæmia, a previously long-continued headache, an appearance of premature old age, and profuse, uncontrollable weeping. It may also be proper to remark, that the patient had a history of intermittent fever, quenched with quinine.

In less than two months the patient had rallied from profound physical prostration, and equally profound mental depression; and in less than three months from the date of admission she was discharged, a fat, rosy, healthy, and happy young woman. Who can say that the fountain of eternal youth is not a *salt spring*?

## EFFECTS OF POISONING BY CANTHARIDIN.

M. V. CORNIL has recently made a series of investigations on the lesions of the kidney and bladder in rapid poisoning by cantharidin. He finds that cantharidin, the action of which is simultaneously manifested on other organs of the body, causes in the first instance in the kidney almost immediately after its



introduction beneath the skin the diapidesis, or escape of both white and red corpuscles from the vessels constituting the glomeruli; and in addition, there appears an impregnation and swelling up of the cells lining the capsules of Malpighii, and of the *tubuli contorti*, by a liquid containing hematic granules. After a short space of time inflammation of the *tubuli recti* and collecting tubes is observed characterised by a modification of the form of their cells, which instead of presenting their usual definite form, become variable or irregularly polyhedric, and this state is very general in the cells of other organs of the body. The bladder, after the first act of micturition, in which a large quantity of urine is discharged, and which occurs about fifteen or twenty minutes after the animal has been poisoned, remains contracted. Its surface is red, it contains a few drops of turbid urine with leucocytes, and very large cells, which may either be spherical or elongated and flat. An hour after the injection of the poison these large cells, which contain from two to eight or ten round nuclei, are either floating freely in the urine, or are adherent to the surface of the mucous membrane, and about to detach themselves from it. The elongated cells are irregular at their borders, and present rounded processes. Their protoplasm is granular, solid, homogeneous, stains yellow with picrocarmin, whilst the nuclei become red. Nuclei may also be seen about to divide, or several smaller nuclei may be seen near a larger one. —*Lancet*.

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#### ARSENICAL WALL PAPERS.

A PAPER on "Domestic Poisons in relation to Trade and Art," by Mr. H. Carr, was read lately, at the rooms of the Society of Arts. The chair was taken by Mr. J. Simon, C.B., F.R.S. Mr. Carr, in his paper, referred chiefly to arsenic as used in wall papers, cotton fabrics, artificial flowers, confectionery, &c. Several instances of arsenical poisoning, some of them having a fatal result, were given. The evidence seemed to show that low-class bright green poisonous papers could be produced brighter and cheaper than non-poisonous greens. Arsenic was also said to give permanency, brilliancy, and body, especially to the group of aniline colours. The cost of colours in low-class papers bore an appreciable proportion to the total price of production; but in higher class papers the difference in cost between one green pigment and another was too small to be of material importance. Some paper stainers asserted that there was no economy or advantage in using arsenical colours. The colour in which arsenic was principally introduced was emerald-green; but it was also used without absolute necessity in a great variety of colours—red, brown, some blues, pink, low-toned greens, French greys, black, and notably in magenta. There was no doubt that in any



factory where arsenical colours were freely used for certain purposes, all the papers made would be more or less contaminated—thus accounting for the slight trace frequently found. It might be safely asserted that paper stainers would suffer no injury in the home trade from an Act of Parliament entirely prohibiting the use of arsenic, except as regarded the stocks in hand. The foreign trade, however, was a more difficult question ; for it was well known that a shade of colour, or a very small per centage of extra cost, would turn the balance of the market. As regarded foreign trade, the real point would come to this: Should the English manufacturer continue to export poisonous papers for the benefit of the trade of this country, irrespectively of the effects on the foreign purchaser? This question seemed to be settled in the affirmative, to judge by the course taken with regard to the opium trade. But as to home regulations, the Sale of Poisons Act and the Adulteration of Food Act established the principle that the purchasing public should be defended by the Government from the careless or nefarious vendor. After referring to the use of arsenic in dyeing, and remarking that large quantities of arsenic were undoubtedly used in the production of magenta, which was the foundation of all other aniline dyes—though it was abstracted in the subsequent processes by first-rate manufacturers—Mr. Carr mentioned the employment of arsenic in card-board boxes, playing cards, confectionery wrappers, sweets, size used by paper stainers, etc. The Medical Society of London had appointed a special committee to investigate the subject of domestic poisons, arsenic in particular, with a view to bringing the matter under the consideration of the Local Government Board. In conclusion, Mr. Carr contended that the subject was one of such importance as to demand Government investigation ; and he suggested that, in any measure dealing with the question, the retail vendor should be made responsible in the first instance, facilities being given him for throwing the blame on the paper-stainer, and the paper-stainer again on the colour-manufacturer, so that the real culprit might be reached. A discussion followed, in which Mr. Jabez Hogg, Dr. Bartlett, Dr. Thudichum, Mr. Botley, Dr. A. S. Taylor, Dr. Brunton, and Mr. Aumonier took part. Mr. Aumonier, a paper manufacturer, said his firm had for many years given up the use of arsenical pigments, finding that they could get the tints without arsenic. If legislation were adopted on the subject, he would suggest that it should be made penal for a colour manufacturer to sell arsenical pigments without declaring their character. A vote of thanks was passed to Mr. Carr for his paper.”—*British Medical Journal*.



## THE PATHOGENETIC EFFECTS OF ZINC.

THE following is a synopsis of an interesting lecture delivered before the medical section of the "Schlesischen Gesellschaft für Väterlandische Cultur," November 29th, 1878, by Dr. Schlockow, of Schlappinitz, in which he spoke of a peculiar form of disease of the spinal cord. The original appears in Hirschel's *Zeitschrift*.

Concerning the injurious effects, he says that very little is recorded in literature.

Among others is a report of a so-called "zinc fever," which occurs in bronze-founders after casting. It does not deserve this name, as it is not observed among those employed separating and smelting zinc, and must, therefore, be attributed to other causes. In Upper Silesia, the lecturer had opportunity for ten years to observe and examine characteristic and typical manifestations of disease that occurred so frequently that he could not explain their cause upon any other basis than the absorption of zinc.

The zinc is separated from the ore by a process of distillation, by which, in consequence of heating and the removal of oxygen, the metal in form of vapour is first separated and then precipitated in layers; in this way part of the vapor escapes into the working-room and is inhaled by the workmen, and then enters the lymph and blood circulation. Next after lung and digestion disturbances and the so-called night-blindness, there appears, after ten or twelve years' working in the works, in the smelters, a very peculiar affection. In the sensitive sphere there is pain in the back, increased sensitiveness of the soles of the feet, sensation as if ants were crawling over the lower extremities, numbness and coldness in the same, sensation of band around the abdomen, and occasionally pain in the muscles of the lower half of the body, in consequence of crampy twitchings in them. Sensation of touch is diminished. Reflex excitability is increased, but the muscular sensibility, that is, the sensation of their own motion, is weakened, so that by closing the eyes staggering takes place, and in the dark, control of muscular power ceases. The functions of bladder and rectum were not disturbed. The muscles themselves remain well nourished and strong for a long time, but their excitability for mechanical or electrical irritations is in a high degree increased, as at each intentional movement diffused muscular tremor takes place. Later the gait becomes stiff, spasmodic, trembling, and uncertain, the step is made on the full sole.

Finally a weakness of the muscles of the lower extremities, and sometimes of the upper, supervenes. The symptoms indicate some affections of the spinal cord, which, however, does not coincide with those of tabes or ataxy. Worthy of consideration are other causes which might produce these symptoms, such as rheumatisms, colds, and the absorption of lead, which is found



in the Upper Silesian zinc ores to the amount of  $1\frac{1}{2}$  per cent., and arsenic, and cadmium, which are also found. Against the first cause is the fact that the balance of the population is subjected to severer changes of temperature, in whom it does not occur. Signs of lead, arsenic, or cadmium poisoning were not observed, especially not the obstinate characteristic constipation and colic of lead. Lead paralysis is never preceded by increased sensibility or reflex irritability, ataxy, or co-ordination disturbances; it belongs almost exclusively to the extensor muscles of the upper extremities, and not of the lower. The muscle paralysed by lead dwindles and loses its irritability for the electric current. The effects of lead appear in weeks or months, while those of zinc do not show themselves for years.

The above picture is very interesting in a pathological (homœopathic) point. There is no doubt that there are many phenomena called forth by the years of zinc action that much resemble those of tabes, but the manifestations in the sensitive sphere differ essentially from those of tabes dorsalis. As an anatomical basis it is probably—autopsies are wanting—an affection of the lateral roots of the spinal cord, analogous to a form of the so-called sclerosis of the lateral columns.

The action of zinc on the spinal nerves proves it to be a remedy *par excellence*, but now its specific pathogenetic action is clearly established by the above-enumerated symptoms, which equally as clearly point out the therapeutic indications in analogous cases.

But another point deserves prominence. We are already acquainted with the effects of *arsenicum* in tabes, which has proved the law of similars, as a complete artificial disease was produced, which in analogous manifestations, could only be attributed to natural disease. The above described spinal cord affection gives us further evidence of the correctness of the definition of the law of similars, and we are convinced that sooner or later the universal acknowledgment of the correctness of this definition, and thereby a great stride forward in the scientific knowledge of the healing process must take place.—*Hahnemannian Monthly*.

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## NOTABILIA.

### HOMŒOPATHY IN THE UNITED STATES OF AMERICA.

BOSTON UNIVERSITY. — The annual commencement of the medical department of this University took place on the 2nd ult., when the degree of M.D. was conferred upon 19 men and 16 women. In presenting the candidates to the President of the University, the Dean of the Faculty (Dr. J. T. Talbot) said that



the course of study has been, and is being made more thorough, the present graduating class having a more complete instruction than any previous class, and are better prepared and equipped for their work. The college has a dispensary attached to it, and treats a large number of poor patients, and the students are required to study these cases, and to give a written report of the disease and condition of at least 20 during the year. Feeling that there was need for a more full course of study in medicine than it has been usual to give in the past, the faculty of the college have started a four years' course, in connection with the present three years' course, the first pupils in which will graduate next year. Its success has been better than they hoped, and the number entering its classes is constantly increasing. The address closed with a brief review of the early struggles of the followers of homœopathy against the severe and unmerited denunciations of the old school of physicians, contrasting it with the present day, when its merits have secured to it a just recognition, even from its enemies, and many of its remedies and methods are used by the old school physicians, either knowingly or as new discoveries, which they do not recognise as having been used by the homœopaths for years.

Miss Stella Manning, a candidate for the degree, then delivered an address, which in the report is termed "The Salutatory." In it she complained of the want of clinical instruction. There are two large allopathic hospitals in Boston, but if a medical student is known to be a homœopathist, he is not allowed to enter the walls of either. How long will the Bostonians permit this reproach to remain upon their city, which, they boast, contains the "cradle of liberty"? We do not believe that such a restriction operates in any hospital in Europe. The degrees having been conferred by the President (the Rev. W. F. Warren, D.D., LL.D.), the Governor of the State addressed the meeting on the important place filled in the community by physicians, and the value of well-instructed conscientious men and women in that profession. "The Valedictory" from the class was delivered by Dr. George A. Slocumb, and that from the Faculty by Professor C. Wesselhœft, M.D. The thirty dollar prize for the best essay by a candidate for graduation, on "The Germ Theory of Disease," was awarded to Stephen Goodheu Bailey, A.M., M.D., of Lowell, Mass. In the evening, the medical faculty of the University gave a reception to the graduates at the Brunswick Hotel, where, with a supper and a dance, the proceedings of the day terminated.

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PROFESSOR GATCHELL has resigned the chair of the Theory and Practice of Medicine in the University of Michigan, and is to be succeeded by Dr. T. P. Wilson, of Cincinnati. Dr. Wilson is a



thorough homœopathist; one of those men who are in earnest, he ever says precisely what he thinks and feels without the slightest regard to the opinions or views of any one else. With all his great force, however, there is the most complete kindness of manner and a deep sense of the humorous is ever and anon finding expression. In short, he is precisely the man to command the respect, attract the attention, and secure the interest of a student; while from his large experience, and widely extended study, he is abundantly able to instruct him. The University of Michigan may be congratulated, and all who take an interest in the progress of homœopathy may be congratulated on this appointment.

Dr. Wilson, we may add, is the President-elect of the American Institute of Homœopathy, and the editor of a well known monthly medical journal, *The Medical Advance*.

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*The Hahnemannian Monthly*—one of the best of the American homœopathic journals—has again changed hands. A year or more ago, the health of its editor failing, the publication of *The Hahnemannian* was suspended for a brief period, when it was taken in hand and conducted with much vigour by Dr. Winslow, of Pittsburgh. Dr. Winslow took great interest in his work, and was bent upon making his journal thoroughly useful—a task for which he was exceptionally well qualified. His loss so far is therefore matter for regret, but we believe that he will continue a contributor to its pages, and will therefore not be altogether lost to it. *The Hahnemannian* has become the property—we trust the paying property—of the Hahnemann Club of Philadelphia, and will be edited by Dr. Pemberton Dudley and Dr. Farrington—the former representing the low dilution and the latter the high dilution party in the city of brotherly love. Dr. Bushrod James is also concerned in the publication of the Journal. With three men so sound in the homœopathic faith, so largely experienced in the practice of homœopathy, *The Hahnemannian* ought to maintain its prestige.

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GOVERNMENT APPOINTMENT.—Few pieces of trans-Atlantic intelligence have afforded us greater satisfaction than the announcement, in the *Homœopathic Times*, that Dr. Watson, of Utica, N.Y., has been appointed Surgeon-General of the State of New York. Dr. Watson graduated with high honours at the Brown University, and studied medicine at Hahnemann College, Philadelphia, and at the University of Pennsylvania. As a physician he occupies a high position among his professional brethren, while his large and successful practice is evidence of the public reputation he enjoys. He has been President of the Homœopathic State Medical Society, Trustee of the Middletown Lunatic



Asylum, and in 1875 was appointed United States Examining Pension Surgeon. Such an appointment shows how thoroughly the old prejudices against homœopathy are undermined in the United States. It is gratifying, too, on the ground that the selection of the Governor of the State is one that cannot fail to reflect credit upon homœopathy.

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GRATIFYING FOR HER MAJESTY.—Dr. H. N. Guernsey, of Philadelphia, who has recently been visiting London, in the course of an account of his travels addressed to Dr. Mohr, and published in *The Hahnemannian Monthly* for March, says:—“While in London, we saw Queen Victoria, for whom I have always entertained great respect, because, *although a Queen*, she was so devoted a wife and fond mother of a large family.”

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WE REGRET to observe in the *United States Medical Investigator* a notice of the death of Professor Woodyatt, of Chicago, from diphtheria in a rapid and malignant form. Dr. Woodyatt was one of the most energetic and able of a now somewhat considerable number of ophthalmic surgeons who practise homœopathically. He was much beloved by his colleagues at the Homœopathic Medical College of Chicago, and by a large circle of friends. From the marked ability he had shown during his brief career—he was only 32 years of age at the time of his death—the brightest anticipations had been formed of his future.

## HOMŒOPATHY IN LIVERPOOL.

THE following extract from the Report of the Committee of the Liverpool Homœopathic Dispensary, affords gratifying evidence of the growing appreciation of homœopathy in this important town. This institution has now been in active operation for nearly forty years. The position it has acquired is therefore the result of long experience, and its continued success cannot be ascribed to the attractiveness of novelty.

“The numbers attending the two dispensaries during the past year were as follows:—

### AT HARDMAN STREET.

In-door attendances .....	20,782
Visited at their own homes .....	10,501

### AT ROSCOMMON STREET.

In-door attendances .....	28,452
Visited at their own homes .....	4,138

or a weekly average of 1,182.



“The past summer has been remarkably healthy in Liverpool, as evinced by the almost unprecedented small death rate; nevertheless, the numbers of poor people availing themselves of this charity have been maintained.

“At the close of the autumn the town was visited by an epidemic of scarlet fever and measles of a very malignant character. The result of the homœopathic treatment has been most eminently successful. Such epidemics call forth all the medical aid at the disposal of the committee, as the poor require so much more visiting at their own homes. The committee would draw attention to the large number of visits that have been so paid during the past year, which exceeds that of any former year.

“The committee would particularly draw attention to the immense popularity of the Roscommon Street Dispensary. When the establishment of this institution was contemplated, now about ten years ago, it was foreseen that it would be much appreciated by the poor in the neighbourhood—saving them much loss of time in coming to the Central Dispensary. The success that has attended its opening surpasses all their most sanguine anticipations, and the results are so satisfactory, that if sufficient funds are placed at their disposal, the Committee would seriously take into consideration the desirability of establishing similar dispensaries in the neighbourhood of Toxteth Park and also Edge Hill.”

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### NEW PREPARATIONS.

WE have received a sample of a new form for the administration of triturations from Messrs. Thompson and Capper, the well-known homœopathic chemists of Manchester and Liverpool. They are called “Trituration Tablets,” and consist of circular tablets of the thickness and diameter of about one-sixth of an inch. They each contain two grains of the trituration which they represent, and are so prepared as to be quite firm, and in fact crumble with difficulty between the finger and thumb; yet, when placed in the mouth, they at once become perfectly soft, and dissolve like sugar of milk. Messrs. Thompson and Capper assure us that they are prepared strictly according to the directions for triturations of the *British Homœopathic Pharmacopœia*, and are subsequently made up in the form of the “tablets.”

This invention is undoubtedly a “hit,” and the tablets will, we venture to say, come into as general use as pilules in cases where it is desired to prescribe triturations. Hitherto, in ordinary triturations, one has had to do so either in the form of separate powders, or in quantities to be measured out by a little



spoon made for the purpose, which may take up one or two grains, according as the spoonful is heaped up or not. Instead of this spoon, Messrs. Keene and Ashwell introduced a graduated quill to ensure greater accuracy. The great advantage, however, of Messrs. Thompson and Capper's "tablets" is that they each contain a definite quantity, and requiring no measurement, are as easily taken as pilules. We think it, however, a mistake to put on the label, "Dose, for a child, one tablet: for an adult, two tablets." One grain, or equal to half a tablet, is the commonest dose for an adult, and more than two grains for an adult is the exception rather than the rule. The tablets are made up in half-ounce bottles of a square shape. We expect they will be largely employed.

We have also received from Messrs. Keene and Ashwell, of Bond Street, a sample of "Medicated Powders," in which mother-tinctures are prepared, so that each grain of the powders contains one minim of mother-tincture. There is, however, nothing new in this, as for long it has been a common practice to prescribe tinctures in the form of powders prepared by saturation of sugar of milk with the required dose of the tincture. Nor is it even new to prepare and keep in stock such powders containing a definite quantity of mother-tincture to each grain, as it is long since Messrs. Leath and Ross sent us a pocket-case of such powders, each grain being equal to half a minim of the mother-tincture. These preparations Messrs. Leath and Ross call "Tincture Triturations." Those who use mother-tinctures will find these preparations useful, and they may be glad to know that they are kept in stock by Messrs. Leath and Ross and Keene and Ashwell, those of the former equalling half-a-minim to the grain, and those of the latter equalling one minim to the grain.

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#### BRITISH HOMŒOPATHIC SOCIETY.

THE seventh ordinary meeting of this Society will take place this evening, Thursday, April 1st, 1880, at seven o'clock. A Paper will be read by Dr. C. L. Tuckey, of London, entitled "*On some cases of renal disease.*"

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#### OBITUARY.

##### CHARLES JULIUS HEMPEL, M.D.

On the 24th of last September there passed away from this world one to whom all English speaking homœopathic physicians owe a debt of gratitude which demands an emphatic testimony. It is to the energy, the dauntless industry, the earnest efforts—efforts which absolute blindness itself failed to check—of Dr. HEMPEL that we are indebted for the earliest, and, in most instances, the



only translation of the works of Hahnemann in our possession. A weary, and oftentimes thankless office is that of the translator! Especially wearisome a task must be the rendering into English the cumbersome and pedantic German of a writer such as Hahnemann was. Thankless, when we consider the wide scope for the adverse criticism of splenetic critics work of this kind presents.

Dr. Hempel was born at Solingen, a manufacturing town near Cologne, in the year 1811. After receiving the ordinary school education at home, he went, when about twenty-one years of age, to Paris for the purpose of study. There he had the good fortune to attract the attention of the celebrated Michelet, then actively engaged on his History of France. With him he resided for some length of time, and through his influence he subsequently obtained occupation as a tutor. In 1835 he emigrated to the United States, arriving in New York on his 24th birthday. Here he resided for two or three years, with Marincelli, an Italian refugee, and found abundant occupation in the literary world of New York. A few years later he commenced the study of medicine, and graduated in 1845 at the University of New York. His inaugural thesis was entitled: "*Eclecticism in Medicine; A Critical Review of the Teaching of Medical Doctrines.*" This he dedicated to Professor Martin Payne, M.D. It consisted of a comparison of the doctrines of the different medical schools, and contained a frank avowal of his faith in the law of similars.

Thus Hempel practised homœopathically from the day when he entered the profession of medicine. At this time the number of works available to those whose only language was English were indeed few. Dr. Hering had done a little towards assisting them; but the practice of homœopathy was as yet all but impossible to all save those who were proficient in German. To the work of supplying this great need Hempel at once devoted himself.

*The North American Journal of Homœopathy* (to which we are indebted for the facts embodied in this article) gives the following list of works written and translated by Hempel during the first six years of his professional life:—

1. *Hahnemann's Chronic Diseases*, with Clinical Suggestions by Noack and Trinks. pp. 1.632.
2. *Baëninghausen on Intermittent Fever*. pp. 56.
3. *Hahnemann's Materia Medica Pura*, with Clinical Suggestions by Noack and Trinks. pp. 877.
4. *Treatise on Arnica*. pp. 16.
5. *Stapf's Additions to the Materia Medica Pura*. pp. 292.
6. *Rueckert's Therapeutics of Homœopathy*. pp. 496.
7. *Hempel's Domestic Physician*.



8. *Hartmann's Acute Diseases.* pp. 476.
9. *Rau's Organon of the Specific Healing Art.* pp. 200.
10. *Bænninghausen's Therapeutic Pocket Book for Homœopathic Physicians.* pp. 504.
11. *Jahr's New Manual (Symptomen Codex).* pp. 2,003.
12. *Hartmann's Chronic Diseases.* pp. 258.
13. *New Homœopathic Pharmacopeia.* pp. 359.
14. *Jahr's Repertory of Skin Diseases.* pp. 515.
15. *Jahr's Clinical Guide.* pp. 409.

In 1855 he married, and in 1856 removed to Philadelphia, where he was appointed Professor of Materia Medica, in Hahnemann Medical College. Two years later he removed to Grand Rapids, in the State of Michigan, and there resided during the remainder of his life. Here he had for some years a large general practice, but contrived, nevertheless, to perform a great amount of literary work. His translations during the period when he lived in Philadelphia and at Grand Rapids were the following :—Teste's *Materia Medica* ; Tessier on *Pneumonia* ; Tessier on *Asiatic Cholera* ; Jahr's *Diseases of Females and Infants* ; Lutze's *Manual of Therapeutics* ; Jahr's *Venereal Diseases* ; Jahr's *Forty Year's Practice* ; Boehr's *Science of Therapeutics*, with additions from Kafka ; and Hartmann's *Diseases of Children*. His original works, published during the same time, were *Lectures on Materia Medica* ; *A Manual of Homœopathic Medicine and Surgery*, conjointly with Professor Beakley, M.D. ; *An Organon of Specific Homœopathy* ; and a work on *Domestic Medicine* in French and German.

The amount of hard toil involved in such work as this seems past calculation. That so voluminous a translator should have been invariably correct in his rendering of the original is simply impossible. Not to have erred at times would have been nothing short of miraculous. On the mistakes into which Hempel occasionally slipped some of his critics have dwelt *ad nauseam*. Would that either one of them had rendered one fiftieth part of the service to the busy English practitioner of medicine that Hempel has done ! As is but too commonly the case, these men have for the most part been critics and nothing more. What we have to remember, that for which we render grateful homage to Hempel's memory is, that but for the work he did the most important books in the literature of homœopathy would have been sealed to the majority of those who in England and America now practise homœopathically.

The latter years of Hempel's life were passed amid much and severe suffering. A fall on the pavement when getting into his carriage on one occasion was followed by paraplegia, at first slight, but subsequently complete. His sight, too, began to fail about the same time, and for five or six years past he has been



entirely blind. During this time he dictated his work entitled *The Science of Homœopathy*; and, with the aid of an amanuensis, revised the third edition of his *Lectures on Materia Medica*. About the 16th of September the preface to this work was read to him, and his final corrections were made. The arrangements for its publication were completed about the same time, and then, to those around him, he expressed his conviction that his life's work was ended. A week later and he died.

Many more brilliant men have lived than Hempel—few who have been so useful. Many more original thinkers have contributed to the development of homœopathy—few, if any, have done more to render its practice possible. His errors can easily be corrected; the real hard work he accomplished—how difficult to approach!

We English-speaking homœopaths have indeed much reason gratefully to remember Hempel, and small right to indulge in captious criticism of his enormous and valuable work.

## CORRESPONDENCE.

### THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—The second edition of our *Pharmacopœia* having been for some time out of print, and the demand for the work being on the increase, the British Homœopathic Society have decided to proceed at once with the preparation of a new edition, and have authorised me to take the necessary steps for the accomplishment of that object.

The alterations required will not, I hope, be many, as the book has been generally very well received, still something more than a mere reprint is needed, as some fresh matter must be added, some omissions made, and any known errors corrected.

Through the kind agency of Dr. Richard Hughes, we hope to get some criticisms and suggestions from our American brethren; if successful in this, we shall as far as possible, endeavour to make our new edition, even more acceptable abroad than the other was. It must, however, be understood that there will be no deviation from the leading features of the last edition. The table of doses, which was reluctantly retained, will be omitted.

It may be in the power of different gentlemen to give practical help; some in the way of corrections, others in the way of experiment, but in whatever shape it come, it will be acceptable, and all such information shall receive most careful consideration. As examples of the points that information is required about, I may name—



The average loss of moisture of plants, which engaged a good deal of attention at our last revision.

Further information is desired as to the exact composition of *mercurius solubilis*; also as to its character and tests.

Additional tests for *hepar sulphuris* will be desirable.

It is thought that a change is needed in Homœopathic Pharmacy, with a view to securing greater purity in our process of distillation. Those who have considered this, may be able to give some results of their experience.

Shortly after the issue of the second edition of the *Pharmacopœia*, Mr. Isaac Thompson pointed out an error in regard to phosphorus. If others have investigated this matter, an expression of opinion as to the results obtained by Mr. Thompson and Mr. Wyborn, will be very welcome.

Mr. Wyborn who gave most valuable aid in bringing out the last edition has again promised his assistance, which may be regarded as a guarantee that the revision will be a careful one.

If other gentlemen will kindly supply any information that they have, or will say in what way they can help, I shall be extremely obliged, and shall be glad to hear from them as early as they can make it convenient to write.

I remain, yours faithfully,

WILLIAM V. DRURY.

Lingmoor, Dean Park,  
Bournemouth.

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## LONDON SCHOOL OF HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I have just learned that Dr. Richard Hughes has resigned the lectureship on *Materia Medica* at the London School of Homœopathy.

It is hardly necessary to say that there are two parties in our ranks, and as I feel that my own views and practice of homœopathy have never been represented at the school, I have felt forced to estrange myself from the Institution in more ways than than one. Need I add, that this state of matters should not be.

Not only have I held aloof, but, in consequence of the absence of representation of the small body of physicians calling themselves Hahnemannians, they also have almost to a man stood aloof. This should not be.

There is only one cure for this state of things—let one of our body be appointed to the vacant lectureship, and, instead of the present split in the camp; instead of one and all of us standing aloof from the school, all will be united; everything will go



smoothly, and the London School of Homœopathy will receive our best and warmest support in every way.

I am, Gentlemen, yours sincerely,  
 Liverpool, THOS. SKINNER, M.D.  
 March 4th, 1880.

ERRATUM.—We find, when too late for correction in the proper place, that the article on Pernicious Anæmia, from which we have quoted in our leading article this month, is by Dr. C. H. BLACKLEY, of Manchester. It appears in *The Annals of the British Homœopathic Society*. No. xlix. p. 187.

## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Mr. A. H. POPE, ZURICH.—Your translation of an article from the *Allgemeine Homöopathische Zeitung* has been received, but arrived too late to appear in our present number; we hope to publish it next month.

Communications; &c., have been received from Dr. BAYES and Dr. WYLD, London; Dr. DRURY, Bournemouth; Dr. HAYWARD and Dr. SKINNER, Liverpool; Dr. PRÖLL, Nice; Dr. MURRAY MOORE, Auckland; Mrs. M'MORLAND, Davos, &c.

## BOOKS RECEIVED.

*The Guiding Symptoms of the Materia Medica.* By C. Hering, M.D. Philadelphia: J. M. Stodart & Co. 1880.

*The Therapeutical Materia Medica.* By H. C. Jessen, M.D. Chicago: Halsey Brothers. 1880.

*The Homœopathic World.*

*The Students' Journal.*

*The Chemist and Druggist.*

*The Monthly Journal of Pharmacy, Chemistry and Medicine.*

*The North American Journal of Homœopathy.*

*The Hahnemannian Monthly.*

*The New England Medical Gazette.*

*The Homœopathic Times.*

*The United States Medical Investigator.*

*The American Homœopath.*

*The American Observer.*

*The Homœopathic Expositor.*

*The Homœopathic News.*

*The Cincinnati Medical Advance.*

*Boericke & Tafel's Quarterly Bulletin.*

*Bibliothèque Homœopathique.*

*L'Homœopathie Militante.*

*Revue Homœopathique Belge.*

*Allgemeine Homöopathische Zeitung.*

*El Criterio Medico.*

*Rivista Omiopatica.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE VACCINATION OF THE FUTURE.

IN our Journal for April, 1878, will be found an article containing much information on the Vaccination Question, and it has appeared to us that the present is a fitting time to renew our attention to this important subject.

The anti-vaccinators are as noisy as ever, and they have been quite recently, in the midst of our General Election, raising the anti-vaccination cry as a test question with those who were tumultuously craving "the sweet voices" of the British electors.

Mr. CAMERON, LL.D., Member for Glasgow, was on the eve of bringing the question of Animal Vaccination before the House, when *Big Ben* of Westminster struck the hour for the dissolution of our long Parliament.

Let us hope that the wisdom of the new Parliament may find time and inclination to go into this important subject, and to make arrangements which will test the continual assertions of those who advocate the use of calf vaccine, when they say, that our present human vaccine is in a condition of decadence, but that small-pox might be exterminated were vaccine direct from the calf universally used.



As for many years the outcry on the part of the anti-vaccinators was, "An ignorant, godless, and tyrannical Government is compelling us to syphilise our infants," one would have thought that these noisy individuals would have hailed with rapture the advent of calf lymph as offered to them by Dr. WYLD, in the use of which, syphilitic contamination was an impossibility.

The result, alas! is quite the reverse. The anti-vaccinator now denies that the fear of syphilis was the main cause of his outcry, and he turns round and abuses calf lymph with an antipathy which is altogether amusing and marvellous; and among other manifestoes, has put forth a pamphlet written by one of our body, in whom an inflated imagination seems sometimes to overwhelm his reasoning faculties, under the title, *Dr. Wyld and the Imposture of Calf Lymph!*

The outcry is not now outwardly based on the fear of syphilis, but on the pretended dread of foot-and-mouth disease and pleuro-pneumonia!

Still, when occasion would seem to serve, the syphilitic bugbear is ever at hand, and this was amusingly illustrated some short time since in the Marylebone Police Court.

A noted offender against the law of the land "for conscience sake" was, for the tenth time, summoned before the Court to pay the fine for disobedience.

The party alluded to is a benevolent gentleman of good intentions and ample means, and he is not altogether indisposed to purchase the crown of martyrdom at the nominal expense of a small fine.

This ill-used citizen took with him into Court three medical friends, and these four individuals were prepared to solemnly asseverate that the defendant's child could not be vaccinated without incurring the risk of syphilis, and they were prepared to make this asseveration although they



knew perfectly well, the matter having been directly brought before them, that calf-lymph was to be had in London, and a gentleman prepared to vaccinate the child, and to pay a fine of *one hundred pounds* to the unhappy father if syphilis, rinderpest, or foot-and-mouth disease, should be the result!

During the last two years calf vaccination has been steadily maintained in this country, and during that period about 7,000 children and adults have been thus vaccinated.

We are indebted to Dr. WYLD for this result, and it is undoubtedly owing to his persistent efforts that the question has been brought before the British public, and through that public has been forced on the attention of the medical profession.

Mr. ERNEST HART, of the *British Medical Journal*, ever ready to sail with the advancing tide, has taken up the question of animal vaccination with alacrity and energy, and in the *British Medical Journal*, 29th November, 1879, has written an elaborate paper on the subject.

Subsequently he inaugurated a series of meetings open to the profession at the rooms of the Medical Society, and Dr. WARLOMONT, the highest European authority on the subject, came from Brussels to read a paper in French to his British *confrères*.

The first of these meetings was crammed, and many of the leaders in the profession were present, and many good things were said by Dr. WARLOMONT in an unknown tongue, and many foolish things were said in English by gentlemen who were much interested in the idea of animal vaccination, but all but totally ignorant of the present working of the method.

The chairman ruled that Dr. WYLD should not address the meeting in a set speech, although he was the only man



in England who was practically acquainted with the subject!

He, however, allowed Dr. WYLD to rise frequently to ask questions of the various speakers, and this proved a good way of instructing those present.

Subsequently Mr. ERNEST HART conducted a deputation into the presence of Mr. SCLATER BOOTH to discuss with that gentleman the advantages of introducing animal vaccination as a collateral branch of general vaccination.

Dr. WYLD had previously requested Mr. ERNEST HART to permit him to accompany the deputation, as he said the deputation, being ignorant of the *practical* working of animal vaccination, would certainly be non-plussed by questions put to them by Government officials.

Mr. HART did not accept this offer, and the result was as predicted.

Mr. SCLATER BOOTH said to the deputation: "You assert that the country *extensively* demands the option of vaccination from the calf, but I see no proof of this. A gentleman in this town has for some time been offering this lymph to the profession, and yet the amount of the demand does not seem to correspond with your views."

To this objection the deputation had no reply to make, because they were ignorant of the practical working of the system. The answer, however, that would have been at once made by a competent observer is, that, as probably nineteen-twentieths of the vaccinations of this country are performed at an average charge of *two shillings and six pence*, the operator cannot afford to pay anything for his vaccine, and therefore is compelled to use Government or other infantile lymph without cost.

With regard to this question of the cost of calf lymph, Dr. WYLD had a letter in the *Times*, 11th December, 1879, in which he says: "There are in the British Isles about



1,000,000 infants vaccinated annually. Suppose Government should agree to establish calf lymph as a collateral branch of general vaccination, then probably one-half at least of the parents would prefer calf to human vaccine.

“If so, it would then be necessary, according to the calculation that a calf produces sufficient lymph to vaccinate 125 infants, to vaccinate 4,000 calves a year, or about 80 calves a week.

“As 1,000,000 points of calf lymph would be required to vaccinate 500,000 infants if ten country stations were established for the production of this lymph, then each station would require to produce 100,000 points annually, or about 2,000 points for each station weekly.

“The expense of maintaining these ten stations would be about £600 a year for each station: that is £350 a year for each surgeon, who would be occupied about six hours daily, and £250 for the use of the calves for a week each.

“The ten stations would thus cost the country £6,000 a year. But if 1,000,000 points were sold to the profession at the nominal charge of 1½d. each, the Government would receive in return £6,250.”

England, although ever foremost in the march of political freedom, is yet generally last in accepting new views regarding social questions, and especially when these new views are supposed to interfere with vested interests; and, just as some continental countries had availed themselves of the blessings of JENNER's great discovery, at a time when JENNER and his system were being violently attacked in the land of his birth, so now we find England last in the field in the matter of animal vaccination.

In Paris there has been a national establishment for producing and distributing calf lymph since 1865.

In Belgium the Institute Vaccinal de l'Etat has existed since 1868 for the production and supply of calf lymph.



In Holland, at Amsterdam, Rotterdam, and the Hague, there are similar establishments.

At Milan a similar establishment has existed since 1869, and so also at Naples, where animal vaccination has been periodically practised since 1810.

At Berlin, since 1865, a similar establishment has been maintained, and so also at Hamburg since 1875; so also at Stuttgardt, Weimar, and Leipsic. Also at Vienna, Pesth, and Prague, and in Switzerland, Russia, and at Bombay.

Finally, in the United States of America, since 1870, animal vaccination has made enormous progress.

How, then, is it that England, the land which has the honour of having conferred the inestimable boon of vaccination on the world, should be behindhand in her efforts—the last nation in Europe to maintain a continual national supply of pure vaccine lymph?

The question is in part answered by the fact that our present machinery for maintaining the vaccination of the nation was for a long time the most perfect in the world, and officials have grown up in complete satisfaction with this machinery,

But it is mainly to the conservative nature of the British mind that we must look for an explanation. Britons are slow to move, and when they do move they move slowly, and they naturally prefer amendment to reformation.

That animal vaccination will at no distant day be adopted by the British Government, as at least a collateral branch of our general vaccination establishment, is as certain as that day follows the night, and when that day does come, we may congratulate ourselves that the British Animal Vaccination Establishment, availing itself of all the experience of other nations, will be maintained on a footing perfect in every arrangement, even to the minutest detail.



## THE POSITION OF HOMŒOPATHY AS A THERAPEUTIC METHOD.

(An Address delivered before the American Institute of Homœopathy  
at Lake George, June 25, 1879.)\*

BY ALFRED C. POPE, M.D.

MR. PRESIDENT, LADIES, AND GENTLEMEN,—The position which the doctrine of homœopathy holds in the opinion of the profession of medicine is a matter of the deepest interest to us, and one well worthy of our most serious consideration. It has often been reviewed before, but, as years roll on, the circumstances under which each review takes place differ from those which obtained when the previous study of the question was made. Hence I have thought that I might, with some propriety, and perchance advantage, venture to lay a few thoughts regarding it before you this morning.

The day is approaching—it may yet be somewhat distant, but assuredly it is coming—when the law of similars will be the polar star of therapeutics to the entire body of practitioners of medicine. Already it is computed that one-eighth of the legally qualified members of our profession in your country are practising homœopathy—openly practising homœopathy that is; how many are doing so secretly no one can estimate. Here, as in England, the works of Bartholow, Ringer, Wood, and the *ci-devant* homœopathist, Charles Phillips, have done much towards preparing the mind of the profession to receive those therapeutic truths we have to teach them. This preparation has been effected by placing before practitioners the value, in small doses, of medicines which are homœopathic to the morbid condition in which they are prescribed—their curative power over which was first ascertained through the medium of the homœopathic law—was first made known by avowed students of homœopathy. It has been further advanced by the teachings of Lauder Brunton and others regarding the opposite action of drugs, and it has been additionally strengthened by the method pursued by some of the most scientific, most industrious, and most trusted investigators of drug action—a method which differs little save as the progress of science has

\* Reprinted from The Transactions of the American Institute of Homœopathy, 1880.



compelled a difference—from that pursued by Hahnemann when constructing his *Materia Medica Pura*. I do not believe it possible, provided we remain true to our principles, careful in practice, earnest and faithful in teaching that which we believe to be true, that so much good seed as has been sown in this way can fail to bring forth a most abundant harvest.

The large majority of the members of our profession are simply and solely practitioners of an art; they go their daily rounds prescribing that which they have been taught to prescribe, little heeding the basis, whether scientific or empirical, upon which their treatment rests. They have little time for study, and so long as their patients get well, or are relieved in about the same proportion as those of their neighbour, they feel perfectly satisfied. They accept without a question or a thought all that the medical periodical to which they subscribe teaches them. It is because they have done so that they have long since concluded that homœopathy is a fallacy, and something worse—a dangerous fallacy. They have made no inquiry into its principles or merits, and being fully occupied, have neither time nor inclination to do so. Hence they accept with much readiness the assurance of the editor of their favourite journal that it is a worthless piece of quackery.

The majority, therefore, of medical men follow their leaders. They have their thinking done as some one said many have their washing,—out. It is not then to the general practitioner of medicine that we look for the first steps in any progress in homœopathy, but to the professors and teachers in universities and medical schools. It is to the Bartholows, the Woods, the Ringers, and others that we turn, when we inquire how therapeutics is progressing, and in what direction the science is advancing. What they say to-day the bulk of the profession in England and the American Union will practise to-morrow.

It is because these men, and others in high places, are teaching homœopathy, roughly, crudely, empirically, unscientifically it is true—but still teaching homœopathy—causing the absorption of the results of our practice among the physicians of the public—that I feel so much confidence—not in the ultimate triumph, for that is certain on much higher grounds, but on the more or less speedy triumph of those principles for the truth of which we have



so long contended, and that through difficulties far greater than those who have entered the profession within the last few years can have any idea.

Yet, again, it is because homœopathy is being taught in the manner I have described, empirically and unscientifically, that it is especially incumbent upon us, more so perhaps, than it ever was, to be especially firm in our defence of the therapeutic truth we have found to be of such vast importance, alike to the physician and to those intrusted to his care—especially careful in our practice of it—especially earnest and faithful in our teaching of it.

The most conspicuous feature of the homœopathy, taught by the leaders of traditional medicine, is its empiricism. Its scientific basis is not recognised, or at any rate not admitted. As long as this recognition is withheld, the advantages the general practitioner of medicine has derived from our experience are in danger of being lost, just as in past ages many valuable bits of practice have been lost. To illustrate my meaning by a common-place example. We have found through the law of similars that *ipêcacuanha* is curative of certain cases of vomiting. This has been picked up and found successful by our non-homœopathic brethren; they have accordingly leaped to the conclusion that a medicine which was remediable to some cases of vomiting, would necessarily be so to all! Failure inevitably follows in not a few instances, and presently the drug becomes discredited in all; the few successful cases in which it was tried are regarded as *post hoc*, not as they really were *propter hoc*, and a fresh agent to cure vomiting is looked for. This, ladies and gentlemen, is empiricism. Homœopathy is not accountable for such a failure, for homœopathy, as a scientific method, has not been tested. The scientific therapist looks not merely to the condition to be cured, but to the individual specimen of that condition. This individuality can only be ascertained by the symptoms which differentiate one instance of such a condition from another, and it is only by such individualisation, both of disease and of drug, that curative results can be obtained. *Ipecacuanha* will not cure all cases of vomiting; some require *arsenicum*, others *apomorphia*, others *cocculus*, and so on, and it is only by carefully studying the symptoms of each case, and of each drug, that we can ever hope to cure disease by the use of drugs.



The scientific character of drug therapeutics consists then not merely in the application of the law of similars, but in its application with *precision*. It is this that we have yet to impress upon the minds of our medical brethren, who are acting, in the higher ranks of the profession I believe consciously, in the lower unconsciously, upon the homœopathic law.

I submit then that the law of similars has, if not accepted as true, been availed of practically. The fact that small doses are necessary when that law is acted upon has been, to all intents and purposes, admitted. The method of drug investigation, known as proving, has been adopted. What then remains? Chiefly this,—the individualisation of remedies. This it is that we have to devote our energies to insisting upon as essential to a scientific therapeutics. Once this fact is recognised, once its importance is acknowledged, homœopathy pure and simple follows.

I commend then this principle of careful systematic individualisation to your especial attention, not as something new, not as something of the value of which you are not all aware, but as that of which, in the hurry and routine of every-day practice, we all, and no one more so than myself, require to be reminded from time to time; and still more as that upon which, to a large, a very large extent, depends the future of homœopathy. Neglecting this, we make brilliant cures occasionally, and in a measure by chance; neglecting this, our influence upon the progress of therapeutics is diminished, the time when homœopathy shall be taught in every medical school in the land is postponed.

It is, ladies and gentlemen, a serious reflection, but it is one which we cannot evade, that the future progress of therapeutics,—“the supreme end of our profession,”—rests upon those members of our profession who have confessed their faith in homœopathy, and who profess to carry out this faith in their daily practice. Nothing succeeds like success. It was the success in curing disease obtained by those who went before us that induced us to investigate homœopathy; it was the success we achieved when investigating it that led to our adopting it as the basis of our therapeutics. It will be our success that will compel the further inquiry of those who have so far but touched the hem of the garment of homœopathy; it will be our success



that will lead others who have hitherto refused so much as to ask what homœopathy means, that will lead them to do so.

Such success as this can only be obtained by the utmost care in prescribing, a care which necessitates the constant study of the *Materia Medica*, and the cautious individualization of disease and of drug.

But, in addition to the pains we devote to our daily work, it is essential that it be clearly and distinctly understood by all, that it is performed upon the basis of homœopathy.

To shrink from proclaiming the fact, that whatever success follows our endeavours to cure disease is due to homœopathy, is simply cowardice. It has been charged upon us that we use the words homœopathy, homœopathic, and homœopathist, simply as a means to attract a *clientèle*. This charge is libellous. It is brought to deter men of sensitive minds from making known far and wide, that which those who make it desire to keep secret. In days gone by the recognised organs of professional opinion committed themselves to the assertion that homœopathy was false, that it was the baseless fabric of a vision, woven by a crack-brained enthusiast; and now, after we and others have spent years in earnest and successful work in the development of homœopathy, some who have, during those years, so committed themselves, are beginning—only beginning, remember—to discover that that which they have denounced as a tissue of error, has truth in it.

Of all kinds of food none is so indigestible as one's own words. This, those who have committed themselves, as I have described, feel, and feel acutely. We have no desire by frequent references to the past to add to their mental gastralgia, but that the law of similars is a fact in therapeutics of the greatest importance must be admitted. That it is to Hahnemann that we are indebted for the practical development of this law must be acknowledged. To insist on such admission is a duty we owe alike to the memory of the heroic dead, to science, and to ourselves. We cannot more thoroughly evince our determination so to insist, than by referring, in writing and in speaking, to the law of similars as homœopathy, to the method of practice based on that law as homœopathic, and to those physicians who endeavour to avail themselves in practice of this method as homœopathists. When the time comes that this law and this method are taught in all medical schools and medical



textbooks, when Hahnemann is by the common consent of the profession assigned that pre-eminent position in the history of medicine to which he is entitled, these words will in great part fall into disuse, their *raison d'être* will have ceased, all members of the profession will then stand therapeutically upon a common platform. But until that time has arrived our distinctive doctrines must have a distinctive definition, and none is better, none more worthy of our constancy, than that which has for fully eighty years been applied to them.

Remembering the responsibility which I just now said attaches to us in the full development of homœopathy, it behoves us to be especially cautious in all we write and say regarding it. Nothing has been more detrimental to progress in the past than the tendency to rush into print, to publish as facts, statements which, a little time, a little more reflection, a little more investigation would have shown us were anything but facts.

I remember many years ago being very much delighted with the apparent recovery of a patient from a form of disease which I had always regarded as singularly obstinate if not incurable. I immediately sent a report of it to the *British Journal of Homœopathy*. The article containing it was scarcely published, when I learned that very shortly after the patient's last visit all the old symptoms returned and persisted until his death, some little while after. My chagrin may be more easily imagined than described, but it had the effect of rendering me very much more cautious than I had previously been in assuming the cure of a notoriously intractable form of disease. Even more needful, because the neglect of it is liable to be followed by more dangerous consequences, is caution in recording the effects of drugs upon the healthy. Nothing calls for more searching scrutiny, for the exercise of a more well-balanced scepticism, than do the records of provers. Dr. Constantine Hering has somewhere given an account of the plan pursued by Hahnemann in the examination of the daybooks of his provers. I forget at the moment where this account originally appeared, but for the purposes of reference, I may mention that it is quoted in an article on "Drug Proving," in the March or April number of the *Homœopathic Review* of this year. That account shows all the care and anxiety of a master mind searching after truth, looking out for real facts, and examining into everything submitted to him with-



out fear, favour, or affection. It is a model for our imitation.

Our *Materia Medica* is abundant in substances; we now possess a list of drugs a large proportion of which are of great value, but of those added since the days of Hahnemann, comparatively few have been proved as carefully and thoroughly as is desirable. Some, too, have obtained a position in our codices of *Materia Medica*, which have never been proved at all, or in a degree so slight that they are unworthy of the position which has been assigned to them. For young men anxious for distinction in the annals of science—and I trust that there are many such—there is no work that they can undertake which presents greater opportunities of usefulness, which will lead to higher honour, than the reproofing, with the aid of modern instruments for giving precision to observations, of some of these imperfectly proved drugs.

Great, however, as is the responsibility which I have described, as resting upon the practitioner of homœopathy, and upon the recorder of therapeutic observations, whether clinical or experimental, upon none amongst us is it so weighty as on those who have undertaken the duties of educating the practitioner of the future. Medical education has during the last twenty years been revolutionised in England. It is scarcely more than twenty years ago since the examination for the diploma of the Royal College of Surgeons of England was confined to two subjects—anatomy and surgery—and limited to one hour. Now there is a preliminary examination in subjects of general literature, an examination of four days at the end of the second year, and another of four days at the termination of the fourth year of study. The two examinations comprising the entire range of medical study. This diploma, be it remembered, is the *minimum* license to practise. For the fellowship of the College an examination higher in the preliminary branches, and still more comprehensive and stringent in those which are professional, is demanded. It is from the fellowship of the College that its governing body is chosen, and the surgeons to our large hospitals are selected. I have named the College of Surgeons as my illustration of our progress, because twenty years ago it was perhaps more in the rear of the requirements of a medical education than either of the nineteen examining bodies, and to show what may be accomplished in a few years by way of improvement



in a corporation so close and so regardless of professional opinion as this College was well known to be.

In the American Union are colleges for the education of students where all the professors are homœopaths. In England such institutions are impossible. But we hope and believe that ere very long we may find the homœopathic doctrine taught in the ordinary medical schools of our country. Meanwhile we have a school in London where homœopathy is taught, not for the purpose of granting a license to the student to practise, but to enable gentlemen whose medical education has, *quoad* homœopathy, been defective to complete it. It is yet young, and of its success it is premature to speak too much, but those who are interested in its welfare are, I may say, quite satisfied with the progress that it has made; in its teachers, Dr. Hughes and Dr. Dyce Brown, all have abundant reason to feel the fullest confidence.

To raise the standard of medical education, to increase the proficiency of our students, faithfully to set forth the doctrine of homœopathy, to illustrate it cautiously, carefully, and fully, are the especial duties of those amongst us to whom is confided the task, onerous but honourable, of educating the physicians of the future. Whatever may have been the deficiencies of your colleges in the past, whatever degree of laxity in graduating young men may have been justified by the exigencies of a country comprising so vast an area, and populating so rapidly as is yours, the few days I have spent amongst you have shown me that you are alive to the necessity of providing better teaching, and of demanding higher qualifications before you will consent to admit a candidate to the ranks of the profession of medicine. Rely upon it, ladies and gentlemen, that in proportion as the education you give to your young men is complete and thorough, in proportion as you relentlessly refuse to grant diplomas to men or women who cannot pass a fairly stringent examination, will the progress of homœopathy be sound, healthy, and rapid amongst you.

The number of colleges should, in my opinion, be limited to the wants of the community in which they are centred, and any multiplication of such institutions beyond this is, I think, to be regarded with very grave suspicion.

Ladies and gentlemen, I have no desire, neither have I any right, to touch upon any difference of feeling that



may exist in some places amongst you, but I trust that I am not passing the bounds of courtesy in thus venturing to remind you of the great influence for good or for ill which your collegiate institutions must exercise upon the future of homœopathy, and, with as much earnestness as as I am capable of, begging of you to spare no labour, to shrink from no investigation which may tend to render them a greater honour to homœopathy and a greater credit to the profession of medicine.

Finally, ladies and gentlemen, that homœopathy may as rapidly as possible be placed in that position which is its destiny, we must be an united body. Union and union alone is strength. And when I say union I do not mean uniformity. Union is feasible, uniformity impracticable. We may well be united in our endeavours to teach certain truths, but that we should all interpret them in precisely the same way is impossible. Nay more, it is equally impossible that we should all accept as unimpeachable facts all statements put forward, in the best possible faith, as facts. "I was born a sceptic," said Trinks. Here was a man, whose mental organisation was such, that, until he had viewed an assertion in every possible light, and it had stood the test of his examination, could not accept it as true, as a fact. Others again are so constituted that they will believe anything, provided it has about it a sufficiently *prima facie* air of improbability. Between these two classes of mind we have every variety of impressionability. They are all represented among physicians who practise homœopathy, and there must be a *modus vivendi* established between them, or homœopathy will for a time, at any rate, sink out of sight. We all acknowledge certain cardinal facts. We know that medicines selected according to the law of similars are those most curative. We know that the action of drugs can only be ascertained by physiological experiment. We know that a similarly acting medicine must be given in a dose smaller than that requisite to excite its physiological action. In the practical application of these facts we differ, and by the very variety of our natures, our knowledge, and our abilities we must differ. One man may have so perfect a knowledge of the *Materia Medica*, and so complete a confidence in himself, that he may feel justified in never prescribing a palliative or mechanical remedy. In the agonies of cancer or the horrors of post-partum hæmorrhage he may be able calmly



to compare the symptoms, and if his patient continues to suffer on the one hand, or loses her life on the other, he may be able conscientiously to feel that he has done all that art can do to relieve or save. Others less familiar with the *Materia Medica* or of a more anxious temperament will resort in such emergencies to the opiate or to ergot. Some there are who are perfectly satisfied with the provings of drugs upon human beings alone, others again demand that they should also be tested on the lower animals, in order that the actual tissues affected should be known.

The experience of one physician may seem to tell him that the dose of a medicine is sufficiently small when it is less than is required to procure its physiological action, while another may think that he has seen better results from one so exiguous as to draw largely on the faith of his neighbour to believe that such a dilution had ever been prepared.

These, ladies and gentlemen, are simply matters of detail, questions upon which we must be prepared to differ, questions which men of sincerity and anxious only for the promotion of truth will—or at any rate ought to—discuss calmly and without personalities. When viewed alongside of the great fundamental principles which underlie them, they are of the smallest possible moment. There is nothing in them which ought to interfere with a united effort to press forward in societies, hospitals, and colleges the great doctrine of the law of similars.

Upon those who would exclude from our associations men who differ from them as to the occasional exhibition of an aperient as a palliative, who have greater confidence in the first dilution than the “*cm.*,” upon those who, on such grounds will obstruct the work of hospitals or interfere with the establishment of colleges, a terrible load of responsibility rests. They are hindering the development of homœopathy, they are drags on the chariot wheels of medicine.

No, ladies and gentlemen, if we are in earnest, if we really desire the progress of the science, the practice of the art of which is the work to which our lives are devoted, we must cease from putting trivialities in the forefront of the battle, we must hark back upon first principles. As a staunch old foxhound will never allow himself to be diverted from the true line of his proper game by a hare crossing the scent: so we must ever remember that it is



the great principle or law of similars that we have to contend for, that we have to press upon the attention of our non-homœopathic professional brethren, and we are failing in duty when we expend our energies in insisting upon the absolute necessity of adhering to some special dose, or even series of doses. *Ars longa, vita brevis*. We have a great work before us, and have no time to waste in bandying reproaches with brethren who do not come up to the standard to which we suppose that we have attained.

Homœopathy, the law of similars in the selection of medicines, is a great fact, proved to be so by an amount of experiment which has rarely, if ever, been adduced in support of any other scientific principle. It is not only a great fact, but it is a life-saving fact. We know it to be so. We are responsible for possessing that knowledge, and being so we are under obligations the most solemn to proclaim it to our professional brethren who know it not, in every way that will tend to extort from them an honest and careful investigation of its claims to recognition.

It is to this end that the American Institute of Homœopathy exists. It is to this end, in part, at least, that our hospitals have been established. It is to this end that our periodicals are published. It is to this end that our colleges are educating our young men.

Ladies and gentlemen, let each and all have your warm, active, and united support. And in so doing, as surely as to-morrow's sun will rise, so surely will you hasten the time when homœopathy will be universally acknowledged as the truth we all know that it is.

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## DEAFNESS AND HIGH DILUTIONS.

By ROBERT T. COOPER, M.D.

Physician, Diseases of Ear, London Homœopathic Hospital.

"To perfect and demonstrate our method we should cultivate specialities, as they do with so much advantage on the other side of the water."—Dr. Ariza, of Madrid.

Mary Short, aged 14, short in stature, was admitted to the London Homœopathic Hospital on Saturday, 21st February of this year, with deafness which had come on gradually and without obvious cause, from early childhood, the right side being the worst.

There is no history of otorrhœa. Father died of diabetes; mother living. Patient's digestive functions quite good; catamenia not appeared.



Hearing, right 2-30th, left 6-30th.

Right malleus handle stands out like a white bar, giving the idea of a fibrinous deposit in front of it. Beyond this the membranes look natural.

The tonsils are largish, otherwise there is no abnormal throat appearance.

*Calcareo carbon*: 200.

A drop to go over a fortnight was given (1 drop in 6 oz. of water, and a teaspoonful three times a day).

6th March. Hears much better. Right 6-30th, left 8-30th.

20th March. Still better hearing, in fact hears quite well.

Both sides, hearing 20-30th; in other words, the watch hearing is all but normal, the voice hearing apparently perfect. The white bar remains unchanged upon the right membrane.

From the conviction derived from a considerable experience in the behaviour of drugs in deaf cases, I can unhesitatingly assert that the above case would not have recovered in such a short time, had there been a low dilution of *calcareo* prescribed; nay, I will go further, and say, with almost equal confidence, that but for the high dilution the chances to the patient of recovery of hearing powers were extremely remote.

This opinion is based upon the fact that the deafness had existed from early childhood, and had increased with her growth, and that no perforation of the membrane, with or without otorrhœa, existed.

Be it remembered that entire dependence was placed upon drug-action, no eustachian inflation, or local application whatever, having been employed.

The intermediate dilutions of *calcareo*, the 3rd, 6th, and 12th, are, so far as my experience in deafness goes, very unreliable.

## HOMŒOPATHY IN THE COLONIES.

By J. MURRAY MOORE, M.D.

### II.—*Homœopathy in Victoria.*

In Melbourne, the capital of the wealthy colony of Victoria, and practically the metropolis of the southern hemisphere, our system has been steadily growing for the last twenty years. Drs. Günst and Ray have been the pioneers of



of homœopathy in that city I am informed, and the former has fought the usual fight against slander and misrepresentation in an able and successful way. His practice has been for years past a large and lucrative one, and I found on the steamer, and everywhere throughout Australia that his was the name best known, and often the only name known as that of a homœopathic practitioner. There are many highly intelligent and enthusiastic lay workers in Melbourne, who in 1869 established a Homœopathic Hospital and Dispensary, which have proved a genuine success. Dr. J. W. Güntz is on the board of management, and Drs. Ray, J. P. Teague, and Geo. Teague are the present medical staff. There is a vacancy for the fourth hon. medical officer, since the departure of Dr. Jas. Emery Gould, and there is no resident surgeon, owing to lack of funds. The report for 1878 shows that 127 patients were treated indoors, in the 16 beds of the institution, and that the number of the dispensary patients was 1,132, to whom 7,367 consultations were given, during the year. Owing, no doubt, to one of the staff being specially skilled in operative surgery (Dr. Teague) we find that no less than 49 of these in-patients were affected with "surgical" diseases, and the success met with—31 cured—very marked. Three cases of hydatids of the liver remind one of the singular and characteristic prevalence of that disease in Australia, usually attributed to eating underdone or unwholesome mutton. The proportion of cancer cases (10) seems also rather large.

The income from all sources for 1878 was £1,268, including contributions from paying patients £322, grant from Government £420, and share of Hospital Sunday Fund £144; and the expenditure £1,513. For 1879 the Victorian Government will contribute £750, if as much is raised by subscriptions, &c., a generosity shown to a purely homœopathic hospital which is unparalleled elsewhere.

Lady Bowen is the patroness, and the Chief Justice, Sir W. F. Stawell, is the president. A new hospital is projected, the plans of which I saw, to contain 48 beds, and to cost £10,000. The Government have actually given  $1\frac{1}{2}$  acres of freehold land in an excellent locality for its site, but in the present great financial depression in the colony it cannot be pushed forward. Another first-class homœopath would be welcomed in Melbourne at the present time. Besides the four above-named homœopaths,



Dr. Murray, of Prahran, has lately confessed homœopathy, and there are twelve unqualified practitioners in the city and suburbs. Our friend, Mr. Maberly, late of the Arboretum, has opened electric and other baths in Collins Street East, which are doing well. All educated people agree in deploring the existence of the Graham Berry Ministry and its continuance in power, and ascribe to its ignorant mismanagement the striking depreciation of commerce, trade, manufactures, and work in general that has crept like a chill over the whole colony of Victoria. We trust that the tide will soon turn. The remuneration of medical men in Melbourne is fully double that which they obtain in London, but their working expenses are about  $2\frac{1}{2}$  times as heavy, and the huge amount of quackery that is to be met with reminds one of San Francisco. While nearly all the extra-medical learned professions, and many leaders of society are warm adherents to our system, we must give the greater share of credit to our four hardly-worked colleagues, to Dr. Güntz especially, as the founder, for having so successfully started and carried their Homœopathic Hospital, and obtained excellent clinical results while labouring under the serious drawback of having never had a resident house-physician or surgeon.

There are no less than three homœopathic pharmacies, all apparently doing a good trade, for the demand for domestic chests and books is increasing all over the colony. It would be ungrateful were I to omit acknowledging the extreme courtesy and attention shown me by Messrs. Martin and Pleasance, the leading homœopathic chemists of Victoria, during my stay in Melbourne. I am informed on good authority that Sandhurst and Ballarat afford very fine openings for practice.

*(To be continued.)*

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## CLINICAL MEDICINE AND SURGERY.

*Continued from page 288.*

**BRONCHIAL COUGH—ECZEMA.** *Case 7,569.*—Female, aged fifty. Has had a cough for months; took cold; worse in the morning for a half-hour after rising; strumous diathesis; has "salt-rheum" on the feet, which is worse in the warm weather; there is watery discharge from the eruption on the feet; white, tough expectoration; feet burn and itch intolerably; "wants to tear them all to pieces."



Has hot flashes, followed by weak, faint spells through the day; faint, empty, hungry gone feeling about 11 a.m.; the feet burn, especially on the soles, at night; she desires cool air to breathe, but it chills her; there is also a tendency to morning diarrhoea.

Every symptom pointed to sulphur, which was prescribed in the 200. One week later, she reported the cough gone, feet symptoms worse. "Wants to put them out of the window at night, they are so hot." At the end of the second week, the report was generally better; no return of the cough. At the end of the third week, the report was still better; less eruption and less burning.

**DYSPEPSIA v. HEART DISEASE.** Case 7,572.—Woman, aged thirty-four. Has had palpitation of the heart for nine years. She is the mother of four children, and has never felt well since the first child was born. She has "sick headache," which is blinding, and causes sour vomiting. the head feels large, and, at times, cold on the top. The appetite is fair, but food lies heavy on the stomach. The bowels are constipated, with ineffectual urging to stool. She does not sleep well, waking frequently about 3 a.m., with restless, unrefreshing sleep after that hour. The feet sweat much. Some of her symptoms are worse in the open air; better in warm room. The palpitation of the heart is what she is most anxious about, fearing heart disease; but examination reveals no abnormal sounds nor movements of the heart or pulse; while the gastric symptoms are sufficient to account for the palpitation, which is, without doubt, the result of indigestion. This is true of a great many cases of so-called heart disease.

The remedy indicated is *nux vomica*. The characteristic symptoms are: Sick headache; the head feels too large; the food lies heavy on the stomach; constipation, with ineffectual urging; she awakes about 3 a.m., with restless, unrefreshing sleep thereafter, and is worse in the open air.

The patient reported in one week no more headache; has had no headache during one month; formerly had it about once in two weeks. One week later, reported having felt better during the last week than for years; her heart troubles her scarcely at all; the appetite is good; the bowels are natural and regular, and she sleeps well.

**ASTHMA.** Case 7,524.—A man, aged fifty-two, and very fleshy. He took a hard cold before he had fully recovered from a severe attack of measles. This was followed by



asthma. He was attacked in the night, about midnight, suddenly, and was compelled to immediately sit upright in bed in order to get his breath. He has forgotten how long this paroxysm lasted, but the attacks returned at first about once in four months, but are much more frequent of late. They come at any time of the night or day, and continue for eight or nine weeks. They are so severe that he cannot lie down at all, and are "the torment of his life." They are worse from inhaling dust. He cannot take a long breath on account of pain in the right side, nor can he exert himself for lack of breath. There is no history of asthma in his family.

Cold air or water affect the patient unfavourably; he likes to be wrapped warmly; is thirsty for cold water, which at one time distressed the stomach and caused vomiting; not so much so now. There is always a severe cough during the attack, with a yellowish or greenish expectoration. He has slight pain in the small of the back, and occasional neuralgia below the spine of the right scapula. The stools are dark.

*Arsenicum* 200 was prescribed because of the time and character of the attack; the cough, compelling him to sit up in bed; the sensitiveness to cold; the relief from heat; the thirst for cold water, which distressed the stomach, &c.

The patient reported in four weeks that he had improved steadily ever since he had begun the use of the medicine; the improvement was general and marked.

COLIC. *Case 7,525.*—A man, æt. fifty-two, has been subject to a species of colic for five years. He first drank ice-water excessively, when heated, and a violent attack of colic followed, which continued for three days. This was five years ago. He has an attack every time he takes the least cold, which he does very easily; and also after drinking anything cold. He vomits easily. The bowels have been constipated for ten years. The appetite is poor. He is weak, but does not lose flesh. He desires a great deal of cold water, but dare not drink it, for it causes either vomiting or colic, or both. The present attack began three days ago. He likes cold air to breathe, but it chills him and causes him to take cold. Sometimes he has two or three attacks in a week. He cannot keep from taking cold, and as sure as he exposes himself he has an attack of colic. He is very nervous, but sleeps well, and wants to be "wrapped up warm."



It is not often we meet with a case of colic which has been almost continuous for five years, as this one virtually has. It will be interesting and instructive to watch the case and see whether or not our potencies will cure it, both on account of its chronic nature and because he has been trying other means during the whole of that period.

The remedy indicated is *arsenicum*, unquestionably, on account of the following symptoms:—The cause, *i.e.*, drinking ice-water while heated; attacks induced and aggravated by drinking cold water; thirst for cold water, which distresses the stomach; vomits easily, with irritable stomach; great sensitiveness to cold air; wants to breathe cold air, but is chilled by it; loss of strength; and nervousness.

It will be an interesting clinical fact if the *arsenicum* shall remove the constipation of ten years' standing.

This patient was first prescribed for on October 16, when he took the remedy in the sixth potency. October 21, the report was: "Colic gone after the first few doses; he is all right, and the bowels are normal." October 30—"Had colic again last Wednesday and Saturday, but not so severely as before taking the medicine; the attacks were caused by colds. The bowels are still constipated but better; feels better generally; the appetite is good, but he dare not drink cold water." November 6—"Had colic twice since his last visit, but shorter and less severe; bowels more free; cold water does not now disagree; the last attack less severe than the previous one; is not so chilly in the cold air; is stronger; the appetite is good." December 4—Reports steady improvement. December 18—"Patient has had but one light attack during past two weeks, and that one lasted but two or three minutes, and that was scarcely perceptible. He feels almost well; the appetite is good; is stronger in every way; the bowels are regular, and he does not mind ordinary cold; can eat and drink like other people."

This patient had the medicine in the sixth the first week; the second week, *Sac lac.*, and afterwards the medicine only twice.

The two following very interesting surgical cases reported to the Clinical Society are recorded by Professor Hall:—

I. TREPHINING FOR TRAUMATIC EPILEPSY—NO RETURN OF THE CONVULSIONS.—Mr. C. C. S., American, æt. nineteen, clerk, relates the following particulars of an accident he



sustained eleven years ago:—"May 1, 1868, I started, after dinner, in company with my father, to the barn to see a cow and a young calf. A large dog was tied near the cow. I untied the dog, who jumped up to see me, and held me for a very few moments. The cow, as is supposed, started for the dog, and one of her horns, with a brass knob on it, struck me on the head, fracturing my skull. I was picked up a moment later, unconscious, by the side of a horse in the next stall. My coat was torn, which was evidence I had been thrown there by the cow."

At 4 o'clock the same afternoon, he was trephined, and a large-sized button of bone was taken from the base of the depression. But owing to the low state of the patient, it was deemed not advisable to elevate the margins of the depression, and they were left shelving upon the brain. A few weeks subsequently, the boy had two well-marked convulsions, which were not attributed by the attending physician to the injury, but to some alimentary disturbance. For some years after, he was subject to what he called "sick spells," accompanied by water-brash and vomiting ingesta. In the month of August, 1877, he came under my professional care. He had this gastric trouble more often and severe, and he would also lose, at times, consciousness for a few seconds. I soon recognised these symptoms as epileptiform, and believed, from the statement as to his early morning feelings, that he suffered with convulsions coming on at night at regular intervals, but we had no positive evidence of this, because he slept alone. At my suggestion, his father shared his bed regularly for some considerable time, and it was found that he did have them, every six or nine days.

He was kept under such remedies as *nux vomica*, *ignatia*, *indigo*, the *iodide* and *bromide of potassium*, in the crude drug and in various potencies, but with no lasting good. The convulsions coming more frequently and more severely, sometimes two or three within twenty-four hours, with the usual marked aberration of mind, and, at times, loss of memory, induced us to encourage the remote operation of trephining. Our judgment was sustained by such eminent professors as H. B. Fellows, Edmund Andrews, Moses Gunn, and others, and on Tuesday, November 18, 1879, the patient was anæsthetized, and, in the presence of Drs. H. B. Fellows, H. P. Cole, J. Murphy, E. S. Bailey, J. C. M. Drake, C. F. Penfield, and some of the male rela-



tives, I performed an operation as follows: Having first shaved the right half of the scalp, I made a curvilinear incision, beginning at a point on the mastoid portion of the temporal bone on the right side, one and a half inches from the external auditory meatus, and extending upward, forward and downward, terminating at a point anterior to the central portion of the helix major, and internal to the temporal artery. This horse-shoe flap was then dissected and turned down over the ear, leaving the denuded skull exposed for more than three inches in each diameter.

On inspection, at a point near the centre of the exposed surface, I saw where the button of bone had been removed at the time of the injury. Next, I carefully dissected away a dense, fibrous tissue from the margin of bone which surrounded the circular opening, and which was firmly adherent to the dura mater beneath. I also discovered a depression of the external table, slightly irregular in shape, varying from two inches to two inches and a half in its diameters. At the anterior superior portion, a fragment of the skull was found loosened at its cranial junction, but attached to the fibrous tissue below, and its inner portion impinging sharply upon the dura mater. Throughout the entire depression, the diploic structure was apparently absorbed, and the internal table was crowded down by the external one upon the brain mass. It was thought advisable to remove this entire depression. A button of bone was taken out from its posterior inferior angle, and with a Hayes' saw I loosened three outer sections, which were carefully lifted and removed. The opening thus left was nearly square, having a long diameter of two inches, and its shortest one and three-fourths inches.

Under the loose fragments above described, we found three spiculæ of bone embedded in the substance of the dura mater. These were carefully dissected out. The pulsations of the middle meningeal artery and its posterior branch were clearly seen. There was very slight if any bulging of the brain substance. The flap was first cleansed, then replaced, and united by interrupted sutures of silver wire, with drainage at the lowest point. A compress, wet with calendula tincture, and held by a recurrent roller bandage, was applied. The parts healed rapidly by first intention. Twelve days after the operation the patient returned to his home, over a hundred miles away.



The medical treatment consisted of administering a two-grain powder of *nux vomica* 8x, four times daily, and, at night, to prevent cerebral turgescence, 20 grains of the *bromide of potassium*. Every night the patient slept soundly and well. Two months have passed and there has been no return of the convulsions. On Thanksgiving evening, and two or three times since, the patient has had very slight sick spells. I attribute these largely to errors in diet.

So far as I am able to learn, this is the eighth case of trephining for remote traumatic epilepsy performed in this city. Two cases have died, and six have been entirely cured. This case is the third of my own, two having been reported to the New York Homœopathic Medical Society. All are living. The rarity of the case adds a peculiar interest to this record.

II. REMOVAL OF A FIBRO-CYSTIC TUMOUR FROM THE LEFT CLAVICULAR REGION. CURE.—Mrs. E. M., American, æt. twenty-five, housekeeper, gives the history of her case as follows: In the autumn of 1876, while combing her hair, she felt a peculiar sensation in the left arm and hand, as if the parts were “asleep.” Occasionally, for some months following, there was a stinging pain, and also numbness. A year later, she noticed in the left clavicular region a small swelling, scarcely larger in circumference than a half-dollar, and but slightly elevated. The pulsation within this swelling was what attracted her attention. There was never any pain in this locality. For two years she used an external application of iodine, without benefit. On inspection, this tumour seemed to be but little, if any, larger than described by her when she first noticed it; but stinging pains and the numbness, especially that felt near the elbow and on the outer border of the hand, including the ring and little fingers, were increasing in severity, and the arm was gradually losing its usefulness.

In differentiating between an aneurism and a tumour lying upon an artery, the kind of pain in the arm, the heaving rather than the expansive character of pulsation felt, its being movable, and the sudden arrest of a faint *bruit* by a change of position, made by pressure with the thumb and finger, gave very strong evidence of the presence of some morbid growth.

On October 22, 1879, the patient was placed under the influence of an anæsthetic, chloroform, and an operation



was performed as follows: An incision three inches in length was made through the platysma myoides muscle in the direction of its fibres, and the deep cervical fascia, terminating at the clavicular origin of the sternocleido mastoid muscle. The posterior belly of the omo-hyoid was easily pushed aside, and the index finger when placed within the opening rested on the anterior margin of the scalenus anticus muscle and one of the nerve cords of the brachial plexus. Contact at this point repeatedly caused violent contraction and flexion of the fore-arm, and during the examination it became necessary to fasten the arm with a bandage to the side of the patient. At this stage of the operation, we were ready to admit that we had to deal with a true neuroma of no small size.

Further exploration, chiefly with handle of the scalpel, disclosed an encapsuled fluctuating mass. Owing to the almost identical structure of the tissue surrounding the tumour and the nerve trunk, it required no little patience to continue the dissection, which finally revealed the fact that this fluctuating mass was wedged in between three of the cords of the brachial plexus; one cord passed directly over the centre of the mass anteriorly, another was very similarly situated posteriorly, and the third embraced the tumour on its upper or superior surface very firmly; the base or inferior portion rested upon the left sub-clavian artery.

Fortunately the hemorrhage during this operation was very trifling, and no injury was done to the nerves.

The size of the fibro-cystic tumour removed was nearly that of a black walnut. The wound was closed with silver wire sutures and dressed with a compress of calendula water. In four days the patient returned to her home in Iowa, cured.

One word as to the kind of pain experienced. The median nerve and its palmar cutaneous branch were most involved, and any amount of prescribing according to symptoms would have failed in this case. The fluctuating mass revealed the presence of the abnormal growth, and but for its fortunate location this sign would have been absent. I can only urge that in similar cases the most rigid examination be continued until the cause is found and its removal accomplished. Subsequent reports from this case are gratifying; the pain and also the numbness have gradually disappeared.



## A RETROSPECT OF A HOMŒOPATHIC JOURNAL.

Translated from the *Allgemeine Homöopathische Zeitung*.

BY ALFRED HARGREAVES POPE, Zurich.

To the Readers of and Contributors to the Hundredth Volume of the *Allgemeine Homöopathische Zeitung*, Greeting!

At the commencement of the hundredth volume of our *Zeitung*, we desire in the first place to record the feeling of gratitude which fills us towards those who, under circumstances of great difficulty, had the courage to found this journal, and to continue it in defiance of all persecutions from without; and next towards those who succeeded them in the editorial chair, whose earnest effort it was, ever to hold aloft and bravely to defend the teaching of Hahnemann both from within and from without. That this was no slight work, every one will see, who will take into consideration the small circle of readers, the few fellow workers, the frequent coldness met with in some quarters; all obvious enough in the thankless and arduous work of editing. An unusual amount of hard work, of caution, of enthusiasm for the cause itself were necessary to enable one to travel this thorny road, and, unassisted, to defend one's position against all attacks.

Our second expression of thanks is due to the publishers, who, notwithstanding the little material advantage derived from it, have ever regarded its regular issue as a matter of honour; so that from the commencement to the present number the journal has appeared regularly, and, as rarely happens in periodical literature, a hundred volumes of our *Zeitung* have appeared in one unbroken series.

In the third place we gratefully remember those of our colleagues who have departed this life, how whilst living they, nearly all being occupied as practising physicians, sacrificed their leisure hours, in order, partly through theoretical work, partly through practical communications, to assist in furthering the cultivation of our teaching, and to defend it against all external opposition. We find among them nearly all whose names were of importance. Of those who stood by the cradle of our journal, the only remaining ones now are the veteran Ruckert of Herrnuth, and Constantine Hering of Philadelphia. They now repose



after the results of their labours. They have the words "Brave Combatant" engraven upon their shields.

On the 1st July, 1880, our journal appeared, with the following programme by Rummel, of Magdeburg, the soul of the undertaking:—

**"WHAT WE DESIRE AND HOW WE DESIRE IT.**

"Among foolish things, nothing perhaps is so foolish as the appearance of an apologetic essay: it seems to us like a person making excuses for his existence. Far be it then from us to make a single excuse for the increase of homœopathic literature by the introduction of our new journal. He who lives has the right to live, and a journal has the right to appear as long as it can, viz.: as long as it finds readers, and as long as publishers do not know how better to employ money and paper. Only through his life and actions can man prove that he does not live aimlessly or without exertion—so it is with a journal.

"Alone, we cannot conduct a journal; we therefore invite others, who may be friendly, to work zealously with us if they feel in themselves the power and courage freely to acknowledge the good as good, and therefore to co-operate energetically with us. We know, full well, that views and predilections differ as much as gifts and skill, we shall therefore accord to all complete freedom of opinion, so long as no doubt appears that they are striving after truth.

"What we desire is *Truth*, the whole truth, truth in natural science, before anything in medicine. The only means of advancing this truth is anxiously to render medicine a positive science, to secure the dismissal from it of all speculation, all fantastic dreamings, to make it rely only on the results of observation and research. It appears to us that Hahnemann entered this, the right path of enquiry, with rare results, that he founded upon it a discovery—rich in advantages—the homœopathic law of cure. This truth has oftentimes been proved to us, and we regard it as a solemn duty not to deny a truth once known to us, but to pursue it until a better presents itself.

"Whatever promotes homœopathy, whatever illuminates its obscure and doubtful points, whatever is able to render its practice easier and more certain, whatever enables us to place its principles more favourably before outsiders, will receive and retain our attention. Everything recent within the sphere of homœopathy, whether for or against it, we shall make known as early as possible, in order to give an exact idea of its position, at the moment, as an art and science. We shall therefore find a place as short notices or in correspondence for whatever of momentary interest influences its course, whether by promoting or disturbing the progress of its development.



“ We shall reserve an important place for literature, and be careful that criticism, strict and impartial, points out the good as good, the bad as bad, and avoids on the one hand extravagant and partial laudation, and on the other a boorish coarseness.

“ Reports of cases, if brief and not wearisome, reports which only touch upon the more essential features of each case, and demonstrate the action of a drug, must be the most certain means of advancing the elucidation of real drug action, for they form, as it were, the corroborative evidence of the results of experiments on the healthy; hence we shall accept such contributions with pleasure. Far from us, however, be those accounts of cases which prove nothing—cases in which first this, then that, was given without special effect, cases from which we learn nothing, but that after a few months some amelioration sets in. On the other hand, cases in which homœopathically indicated remedies had no effect are instructive, provided that they are not isolated instances, but have been frequently repeated. They show that our provings on the healthy, so far as the part to which they have reference is concerned, are in some way or other defective.

“ The scattering of pharmacological observations through many writings is certainly more disturbing for practice, yet as through the more rapidly obtained publication they influence science advantageously, we shall not neglect this department. On the contrary, we shall publish the results of new provings in suitable extracts, together with everything worth knowing, whether from home or foreign literature.

“ With the external position of homœopathy, its relation to the Government and to allopathic physicians, with the arrangements for their protection or designs for their oppression, we shall promptly make our readers acquainted.

“ Everything new meets with bitter and powerful enemies, and homœopathy has found them in great numbers; in maintaining the truth we cannot pass over such attacks, and hence we shall often find ourselves engaged in the field of polemics. But here the watchword is—struggle against the doctrine, not against the individual.

“ A journal cannot receive long, still less wearisome essays; brevity and reality are what we need, May those of our friends who are willing to assist us in our undertaking remember this fact.

“ One word now on the relationship of our *Zeitung* to already existing homœopathic periodicals. At the outset we meet with the *Archiv. für Homoöpathische Heilkunst* that has contributed so largely to the development and building up of homœopathy, and under the guidance of its worthy editor may still for a long time work prosperously. We ought not to fear coming into



collision with him, for the very name of our *Zeitung* and that of the *Archiv*. points to the different aim of each. Yes, we feel assured that both enterprises for advancing the truth will interchange sisterly greetings. The medical councillor, Dr. Stapf, has promised us contributions from his copious correspondence, and we have arranged not to withdraw our assistance from the *Archives*.

“Hartlaub and Trink’s recently published *Annalen der Homöopathische Klinik* have already altered their arrangements, and appear in their last form to desire rather to rival the *Archives*, so that we need not fear that our enterprise will interfere with theirs.

“The honest Schweikert has, through his *Zeitung der Naturgesetzlichen Heilkunst*, addressed himself to the friends and opponents of homœopathy; since its fourth volume it appears under the altered title, *Zeitung der Homöopathischen Heilkunst für Aertze und nicht-Aertze*, and is especially directed to the instruction of the non-medical public, and certainly achieves its object in a high degree. It must be his intention rather to diffuse a knowledge of the homœopathic healing art, and to extirpate erroneous opinions, while our aim is, on the contrary, chiefly to further the completion of homœopathy as an art and a science. We may, therefore, hope here also to see both hand in hand pushing onwards, each towards his particular goal.

“May our method succeed in always furnishing a view of the development of the new healing art in its entire range, in bringing early to the knowledge of the reader everything which could be either advanced or checked, in always separating the true from the false, the inner value from the external glitter, be always victorious in resisting the attacks of the enemy, and in depriving him of his imaginary triumphs. May we, before all things in our laborious efforts, endeavour to acknowledge real merit and freely accorded sympathy.

“In the name of the Editorial Staff,

“RUMMEL.

“Contributions both of original matter and of extracts will, so far as they are suitable for the journal, be willingly received, and by the instructions of the editorial staff, will be appropriately acknowledged by the publisher. Critiques alone are the exception to this rule; for we have resolved to publish only those for which we have given a special order, to the end that anything like partiality in this department may be prevented as far as possible. Willingly shall we give commissions to execute to those who may desire them, and may appear to us fitted for



them, if they will communicate to us their willingness to co-operate with us in this matter.

“ We request that all communications be sent to us through the publishers, or, where the matter is immediate, through the post, with the address, *An die Redaktion der Allgemeinen Homöopathischen Zeitung*, Baumgärtnershen, Buchhandlung, Leipzig. It is desirable that all authors who wish to have speedy notice of their works in this journal, should send them to us by the same route.

“ THE EDITORS.”

As we look upon the ninety-nine volumes now lying before us, we cannot refuse to the editors the testimony that they have always striven to fulfil their original programme. Holding fast by Hahnemann's originally declared groundwork of homœopathy have they always permitted the free interchange of opinion with the same latitude in the journal? We notice the commencing modest opposition to many of Hahnemann's views, advancing with greater confidence, and the disposition, *jurare in verba magistri*, ever vanishing. There is, moreover, an abundance of practical material accumulated which has its value even to-day. The clinical materials communicated seldom lose in their brief form to point out clearly the chief point—the homœopathicity of the remedy. As regards the critiques we still look upon the reviews, especially those which proceeded from Rummel's pen as models of impartiality and acuteness, and yet without anything in their language calculated to wound. In almost every volume the reader finds evidence also that due attention was paid to all the appearances and movements of the opposition, and all attacks were resolutely repulsed. We will here refer to the monthly supplement, to the *Zeitung*, published under Meyer's editorship, with the object of keeping the reader *au courant* with everything new in general medical science, so far as it could be of interest to the homœopathist. The cessation of this supplement, owing to financial reasons, is still regretted by many.

Yet we will not conceal the fact, that the editors were not always able strictly to follow the programme in the manner we have described. Personal and passionate attacks and retorts often took the place of zeal and quiet discussions. Want of manuscript sometimes compelled the acceptance of papers of small value, communications which often had



no proper connection with homœopathy. The journal also could not entirely free itself from the prevailing currents of general medical science. Nihilism and materialism endeavoured to intrude into its columns, after having, through scepticism as an *avant courier*, endeavoured to destroy the foundation of the entire structure. These attacks, however, were always energetically repulsed, and many an elevating and cheering example of confidence do we meet with in the journal. Not less was it the external attacks which set the often sharp pens of our colleagues in motion. Neither did the editors omit to bring before the reader as early as possible, and to comment upon, all events, good and evil, in the homœopathic world. To the future historian of homœopathy, the ninety-nine volumes of the *Homoöpathische Zeitung* will present a rich collection of material, and will be a source whence he will ever be able to draw something fresh. A journal publishing not only learned treatises, but also everything relating to the cause—these volumes are the reflections of the life and events of the times as regards both the internal and external circumstances of the homœopathic world; in one word, of the history of the development of homœopathy. For the practical physician they will ever constitute a real mine in which, together with a good deal of slag or dross, he will find a large number of grains of gold of which he can make use. Unhappily we fear that from the proposal to make a general index of the contents of the journal not having been carried out (in consequence of the want of necessary support), the greater portion of these grains of gold will remain unutilised, unless, indeed, some extraordinarily industrious and distinguished colleague should determine to form one—an undertaking for which we should be very grateful to him. Should such an one be found, we trust that his undertaking would be rewarded by a friendly reception.

In order that the teachings of the past should not be lost to us, our retrospect should not have a mere passing historical value, but should point out the course we should follow in the future.

The *Allgemeine Homoöpathische Zeitung* has been handed down to us by our forefathers as a valuable legacy; together with this legacy the duty devolves upon us of passing it on to our successors not only in all its present integrity, but as much increased in value as our abilities



permit. In a sense, it is the property of all homœopathic physicians ; the editor for the time being is simply their agent. There is, however, no right without a corresponding duty, and here the duty of the homœopathic physician consists in doing his part ; adding to the treasures of the past so that no loss may occur to our common property. Therefore if our journal is to live and thrive in the future, not only our practical men, but those of us who are given to the study of theoretical questions must all bring some work to the common stock, and by contributions of both kinds, work vigorously at the further development of our doctrine. That this is itself possible to the busy practitioner the history of our journal teaches us. Then it contains a goodly number of brilliant contributions from men on both sides, who are an honour to their respective parties. We must ever remember that so far as we are concerned practical communications do not so much consist in an accurate and formal diagnosis made with all modern appliances, but depend upon the homœopathicity of the proved remedy being clearly shown.

A second lesson, brought strikingly before us by the history of our journal, is that we strictly avoid all personal quarrels. They bring harm to our cause, and do us no credit. We trust that the second hundred volumes of our *Zeitung* will remain free from anything of the kind. The editorial staff is at any rate firmly resolved never to open its columns to anything of the kind.

If the two lessons we have just described are taken to heart, and the editorial staff is consequently enabled to obtain the necessary assistance, it will then be in a position to perform its office and the engagements resting upon it, which are as follows :—

1. Ever to hold aloft the banner of *similia similibus*, and to assemble under it all true disciples of Hahnemann.

2. To stand firmly upon the first principles of homœopathy, which alone confer upon it the right to a separate place in medical science, without, however, giving up our claim to our share in the entire range thereof.

3. Our most important task will be never to lose sight of the creation of a scientific therapy, upon the basis of a physiological pharmacology, and to collect for that purpose serviceable material, whether in the form of drug-provings or of clinical communications confirmatory of them whencesoever we can obtain them.



4. Free from all bitterness and narrowness of view regarding opinions differing from our own, we shall, as far as we can, give space in our journal for their discussion, so long as they do not attack the foundation of our doctrine and are sincerely maintained.

5. Ever shall we be upon the watch to repel the attacks of our enemies, and, according to our power, to render nugatory everything that can injure our cause.

6. We shall always endeavour to keep our readers *au courant* with everything that appears to us to be of importance in the homœopathic world.

With this programme the editorial staff opens the hundredth volume of the *Allgemeine Homöopathische Zeitung*. We are only too conscious of the difficulties of our task; difficulties so great that they transcend by far the power of any single individual to undertake them. Nothing short of our reliance on the support of men of similar views to our own—men with whom our cause is a sacred one—and on the consideration our readers, in the event of our efforts falling short of what we desire to accomplish, can give us the requisite courage to continue in this thorny path. Our reward will be found in faithfully fulfilling our duty, and in advancing the good cause. When the two hundredth volume shall be reached may the echo be heard—"THEY HAVE NOT LABOURED IN VAIN!"

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## PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Continued from page 231.

(27) *Medical Times and Gazette*, 1865. Vol. 1, p. 441.

By Dr. JOHNSON.

JOHN H., æt. 47, was admitted Nov. 27th, 1864. Had been working in stables where there were glandered horses, two of which had been under his care. About fourteen days before admission felt rheumatic pains in joints; also shiverings; was feverish, low, and nervous. A week after the appearance of these symptoms, noticed a swelling on outer or upper part of right forearm, which at first was accompanied by a little pain. At the same time there was



a thin, watery, very fetid discharge from nose, removed by injection of Condyl's fluid.

State on admission : A thin, pale man, with anxious expression of countenance ; swelling on right forearm as before mentioned ; no wound on arm, no cracks in skin, nor any inflamed lymphatics leading to the swelling. The abscess was incised, and a considerable quantity of thin greenish-yellow pus escaped ; no discharge from nose ; skin cool ; temperature in axilla 98.5 ; pulse 64 ; tongue coated, brown, and dry.

Nov. 28th. Another swelling noticed in centre of left anterior tibial region, from which, on opening, a good deal of pus escaped ; face more anxious-looking ; tongue coated ; thirst ; appetite bad ; could answer questions rationally, but seemed to care but little for what was going on around him ; urine pale, clear, abundant ; no albumen. Ordered *ferri-mur*, *quinine*, *chloroform* and brandy.

Nov. 29th. A third abscess was opened in centre of anterior tibial region of right leg, symmetrical with the last one ; some pus escaped ; all the abscesses were poulticed and discharged freely ; pulse 60, feeble ; tongue furred, brown, dry.

Dec. 3rd. A peculiar smell noticed about the patient ; a fourth abscess was opened about upper or outer part of right leg ; more prostration ; could take food pretty well, and felt no pain anywhere ; pulse 54, weak. Omit *iron*, and take *pot. chlor.* and *acid-mur.*

Dec. 6th. A fifth abscess was opened in outer part of left forearm, in a position exactly similar to the one which first appeared in right arm ; pulse 60, small ; tongue browner, dry.

Dec. 9th. A firm swelling noticed on outer and middle part of left upper arm, without fluctuation.

Dec. 12th. Some improvement ; no more abscesses had formed ; tongue cleaner and moister ; expression of face more natural ; appetite pretty good ; pulse 72, stronger ; the formation of the abscesses had at no time been attended with pain ; they discharge freely.

Dec. 23rd. Tongue brown again and dry ; the abscesses had nearly healed, and no fresh ones formed ; swelling in left upper arm had subsided.

Dec. 28th. Face wears an oppressed look ; is haggard, rather sallow, and has a vacant stare ; has become deaf ; takes but little notice of anything ; at times mutters to



himself incoherently; sleeps badly; pulse 114, feeble; tongue red and glazed; right knee swollen, red, and painful, and fluctuation may be felt; right ankle also inflamed and swollen; an opening being made on outer side a thin bloody fluid came away; dorsum of right foot œdematous; left ankle likewise swollen, and on an opening being made on outer side, some pus escaped. Ordered brandy.

Jan. 2. Aspect dull and stupid; can no longer feed himself; passes everything under him; general trembling in all his limbs; delirious at times; quite deaf; no discharge from ears or nose; does not seem to suffer any pain; on dorsal surface of both wrists is a red blush, rapidly extending; left knee red and inflamed; on left side of face just outside and below orbit is a small pustule, and the only one during his illness; much emaciated, and the smell is more characteristic; pulse 120, irregular.

Jan. 4th. Weaker; no other change; sank gradually, and died at 1 p.m.

Jan. 8th. *Post-mortem* in 98 hours. Body much emaciated; sallow. On left side of face a pustule; no others noticed. Right knee-joint full of pus, but the cartilages quite healthy. Left knee-joint no pus; cartilages healthy. Right ankle, diffused abscess over, but not within the joint. Left ankle-joint not affected. Lungs much congested at base, engorged with serum; several tubercular masses were found scattered about, not softened, varying in size from a pea to a small nut. Heart healthy, right side full.

(28.) *Medical Times and Gazette*, 1872. Vol. 2, p. 873.

By DR. SIDNEY COUPLAND.

J. D., æt. 35, was admitted April 29th, 1872; previous history generally healthy; lived over a stable. His horse sickened on April 12th, and died on 19th; it had much running of eyes and nose, which he used to wipe with a flannel. On 20th, had a long and hard day's work till 11 p.m., did not feel well, and shivered several times in course of day. The same night he took to his bed, which he kept till admitted on 9th day of illness. His wife states that on 21st two or three "boils" came out on forehead, and one large one on left thigh, which was lanced; no further eruption till 28th, when a large crop appeared, first on forehead then on thighs, and lastly on arms. During



the week he had suffered from "cold in the head and eyes," intense thirst; great flushing of face, and slight cough, with very scanty sputa—once or twice of florid blood—and with gradually increasing prostration, but no additional rigors to those on first day of illness.

State on admission: Extreme prostration, but no pain; intellect somewhat impaired; speech thick and confused; great thirst; tongue large, moist, thickly coated; bowels confined; left eye closed, upper lid tumid and erythematous; right eye much suffused, conjunctiva injected; no running at nose; frequent slight hacking cough, with scanty sputa, which were raised with difficulty; back of fauces and arches of palate much injected; the entire skin more or less completely covered by a papular and pustular eruption, the size of the papules being various, the majority a quarter of an inch in diameter, flattened, with a bright red base, others presenting all the characters of variola pustules, especially those on abdomen, where the smaller ones were distinctly umbilicated and "shotty;" the eruption was more copious over face and limbs than over trunk, still a few well marked pustules existed over thorax, abdomen, and back, as well as others which had only reached the papular stage; over face and forehead were many slightly elevated flattened, hard papules, besides pustules, all of a large size; dorsum of right hand much puffed and œdematous, the wrist considerably swollen and fluctuating; a red blush, with a fairly well-defined margin, extended over the ulnar side and back of wrist, and the lower half of forearm posteriorly; there was no eruption here, but just below bend of elbow there were several pustules, and thence to shoulder; the eruption was irregularly disposed on all sides of the limb, apparently not following in the course of the lymphatic vessels, which were not inflamed, nor were the axillary glands enlarged; the left hand and wrist were free from swelling or eruption, but left elbow was swollen, and on radial side of upper third of forearm were three or four small fluctuating swellings, while the other aspects were covered with large pustules, the eruption extending nearly to wrist, the pustules over lower half of forearm being small and varioloid in appearance; the whole of left upper arm was covered irregularly by the eruption; right thigh and leg were about equally covered by a copious eruption of pustules and papules of various sizes; on outer aspect of left thigh, about middle, was a deep oval ulcer,



about  $1\frac{1}{2}$  inch by 1 inch, its long diameter parallel with the axis of the limb, having a ragged margin, and a dirty base which was covered by a thin layer of ichorous pus; this was pointed out as the first pustule which appeared on the 21st, and as having been laid open in the course of week; over exterior and inner aspect of this thigh were several subcutaneous abscesses; there were many pustules on left leg, and one just above inner malleolus closely resembled the pustule of Charbon, having a central black nucleus, and a broad well-defined dark purplish base; radial pulse could not be felt; on auscultation, the cardiac sounds were inaudible, being replaced by a sharp, short, blowing murmur, best heard at base of heart; impulse of heart 128, very feeble; respiration 40, short and shallow; breath-sounds harsh over whole chest; and a few sonoro-sibilant râles audible with expiration on left side. Ordered *quinine* and stimulants.

At 7 p.m. unchanged; perfectly conscious; temperature 102.8; pulse 128; respiration 40; a drop of blood drawn from finger exhibited the following microscopic appearances:—A notable excess of white corpuscles; the red discs did not form *rouleaux*, but were much changed, very deeply crenated, and many aggregated into irregular masses, in some of which the individual corpuscles were indistinguishable; besides this there were many very small and highly refractile bodies, some of which, aggregated into masses the size of a red corpuscle, suggested their origin from the disintegration of such bodies; but many others were scattered irregularly over the field; the whole field was covered by a fine network of filaments from coagulation of fibrin; no bacteriæ, or vibriones, or bodies in any way resembling them, were observed under the power used—500 diameters. At 10 p.m. his condition changed rather suddenly, he falling into a state of semi-stupor with intervals of delirium; his thirst had increased in intensity, drinking all that was offered him with great avidity.

April 30th. At 12.30 a.m. lay in a comatose state from which he could not be roused; a noticeable change had occurred in his features; temperature 105; respiration 56, gasping; died two hours later.

*Post-mortem* in seven hours; body warm, well nourished, well marked rigor mortis; much of the redness of skin



round pustules, and the erysipelatous blush on right wrist had faded; the pustules on section presented a firm surface, their contents being caseous rather than purulent. One or two of the subcutaneous abscesses in region of left elbow were opened, and yielded sanious pus; no enlargement of superficial lymphatic glands; muscles very red, vessels of pia mater full of blood; intense capillary injection over upper surface of both frontal lobes of cerebrum; substance of brain firm and healthy; very little fluid in ventricles; spinal cord very firm; right lung intensely congested and black, very soft and friable, breaking down under finger with greatest ease, this condition being most marked in posterior half; and scattered through the lung, chiefly in upper lobe, and mainly situated immediately beneath pleura, were several nodules of the average size of a pea, firm in consistence, greyish-white in colour, not encapsuled, but distinctly marked out from the lung tissue; the lung was firmly bound down to parietal pleura by old adhesions. Left lung adherent slightly at apex posteriorly, where a small cavity existed, large enough to contain a sparrow's egg, containing semi-purulent matter, with a firm fibrous wall. As in right lung, so here, throughout upper lobe were scattered similar greyish firm nodules, whose cut surface was lobulated and raised above level of surrounding tissue. In neither lung were any "pyæmic abscesses," and in both the lining membrane of bronchi was much injected. Heart firmly contracted, containing a firm decolorised laminated clot in right side; left cavities empty; slight thickening of aortic valves; at root of aorta a small amount of atheroma in lining membrane; substance of heart unusually red; liver large, 85 ozs., pale, friable, and greasy-looking. On upper surface of left lobe, close to attachment of falciform ligament, and about one-third of the distance from posterior border, close under peritoneum, was a firm greyish-white mass, about half-an-inch in diameter, with well-defined margin, not encapsuled, while the surrounding liver tissue was in no wise altered. On section this mass appeared of a rosy grey tint, markedly lobulated, while its cut surface projected beyond rest of surface of liver. A similar mass, even more distinct and separate, was situated at the extreme margin of liver, just above gall-bladder, while a third and smaller mass of like naked-eye characters existed on under surface of left lobe; right lobe exhibited



no such appearances. Cardiac end of stomach intensely congested; mesenteric glands enlarged; spleen very red, and exceedingly pulpy; kidneys pale and fatty.

Microscopical examination: Sections of the papules on skin showed intense congestion of vessels in subdermic tissue. Such sections through corium and epidermis as were obtained showed abundant cell-growth round hair-follicles; the nodules in lungs were mainly composed of nuclear elements of varying shapes and sizes (from  $\frac{1}{8000}$ th to  $\frac{1}{1000}$ th inch), aggregated round the blood-vessels, and filling up many alveoli. The alveoli in immediate neighbourhood were occupied by large nucleated "catarrhal" cells and granular exudation material [figure given in original]. In liver, the nodules which were so well defined to the naked eye were found to consist mainly of liver tissue, with, however, a considerable increase in the interlobular connective tissue. Much of this, especially that surrounding the portal canals, was in the nuclear stage, the nuclear elements being histologically similar to those existing in the pulmonary nodules, while differing in no respects from the early stage of cirrhosis [figure given in original]; spinal cord showed evidences of acute inflammation, superadded to chronic fibrous thickening. Thus, throughout whole length of cord, and more particularly in middle dorsal region, there was great increase in the connective tissue of the cord, and in the walls of its vessels. In no part was a central cord to be seen, but in its place appearances precisely similar to those recorded by Dr. Cayley in the last volume of the *Pathological Society's Transactions*, from a case of paralysis agitans. In that case it is stated that "the central canal of the cord throughout its whole length was completely transformed. In its site was an oval tract, very much longer than the normal canal, crowded with cells of various sizes and shapes, the majority having the character of leucocytes, others of an oval or elongated form, but none presenting the characters of the normal epithelium of the central canal. This tract occupied not only the site of the central canal itself, but also that of the surrounding central substantia gelatinosa." In the present case the tract itself did not much exceed the limits of the central canal [figure given in original], but scattered in groups in its neighbourhood, all over the grey commissure, were numerous cells resembling leucocytes, which stained deeply with carmine.



The rest of the grey matter, and the white substance too, between the nerve tubules, was "speckled" with like bodies, some of which were especially abundant in the course of the smaller vessels, the situations of which were here and there indicated by the linear groupings of those cells.

Hérard's case briefly quoted from *Gazette des Hôpitaux*, August 25th, 1868: The patient wounded his left hand, and two days later he killed a glandered horse. This was six weeks before his admission, but severe pain in left arm, with rigors and thirst came on in a few days. Twelve days before admission there was extension of pain to other limbs, and an eruption, with exacerbation of fever. The pustules of the eruption resembled variola, but with exaggerated proportions. There were muscular abscesses in forearm and elsewhere. Nose swollen and discharged a sanious liquid. Right eye closed with cedematous lids. Intense fever. A few râles heard in chest. He died within 24 hours after admission, the right lids and root of nose having become livid and gangrenous in appearance. Two hours after death the blood contained bacteria. In the *post-mortem* there were found small elevated yellowish nodules, with surrounding areas of congestion, studding the mucous membrane of trachea, whilst the lungs presented on their surface raised firm tumours, grey, rosy or yellowish, having a grey and granular section, quite purulent; around each of these bodies, which varied in size from a millet seed to a large pea, was an area of acute congestion. The lining membrane of larger bronchi bore like nodules to those in trachea, and the tubes themselves contained thick puriform liquid. The masses in the lungs, examined microscopically, consisted solely of catarrhal pneumonia, and in no respect resembled the tubercular granulations or glanders granulations of horses.

Virchow believes the eruption on the skin to consist of tubercles, essentially the same as those on the mucous membrane, and that they speedily become caseous. In the present case there were no vesicles, but papules in every stage, from a slight barely elevated erythematous area to a large well-defined distinctly raised "tubercle," between which and the "pustule" there was every gradation. The nodules in the lungs also existed on the surface, and only



surrounded the finest terminal bronchials and the blood-vessels, encroaching mainly on the alveoli, many of which they filled. In this latter respect, as well as in their large size and limited number, they differed from true "tubercles," though so far as their material characters are concerned, they cannot be differentiated from those bodies. In the liver these growths were very few; they seemed to have a distinct relation to the portal canals and the interlobular connective tissues, but, owing perhaps to their being still in the "indifferent nuclear stage of growth," they presented no points of histological difference from tubercles in the early stage of cirrhosis. Cornil and Ranvier's remarks referred to.

Dr. Coupland adds that "similar abnormal appearances [in the spinal cord,] are to be met with in widely different diseases," and refers to a case of tetanus in which the appearances thereof were the same as those of the above case. Also that "the state of disintegration of the red corpuscles, and the amount of molecular matter in the blood in this case" resembled the condition of the blood in a hydrophobic case referred to. [This proves the fallacy of selecting our remedies according to post-mortem appearances.]

(29) *Medical Times and Gazette*, 1871. Vol. i., pp. 116-7.

#### Report of the Medical Society of London.

Mr. John Gay narrated a fatal case of glanders in a man who caught the disease from a horse which sneezed in his face. Coryza, pain in neck, difficulty in swallowing, exalted temperature, rigors, &c., were present; the skin looked dusky, and a remarkable stench pervaded the room; nostrils and fauces were implicated, and sanious pus was discharged from bowels; there was an eruption on skin, and the only gland implicated was the submaxillary. Mr. Roalfe Cox showed specimens from two recently killed horses the subjects of chronic glanders. The septum nasi was especially affected, and also the glands; the lungs were studded with small indurated deposits, like shot, and these deposits were scattered throughout the lung.



(30) *Medical Times and Gazette*, 1869.

Vol. 1, p. 297.

By Mr. ALFRED POLAND.

Francis E., æt. 45, was admitted June 8th, 1866. The previous Sunday morning he was cut when being shaved; at that time he was attending some horses supposed to have glanders. Next morning he discovered a swelling on right side of mouth, which was very painful; he poulticed it till Thursday. Passed very sleepless nights, though he took opium. The pain continued up to the time of his admission. He had entirely lost appetite. On admission, the whole of lower half of face on right side was swollen, more especially the lower lip, and extending over to left side. The skin of lower lip and chin presented an eruption in three different stages: (1) spots about size of four-penny piece, of highly inflamed appearance, and of a dark claret colour, in which are observed small pustules; (2) in other places the skin is abraded, having an eroded surface covered with pus mixed with blood; (3) scabs of a reddish-black tint, with purulent discharge at their edges, and occupying the whole of the right half of lower lip. The adjoining skin is shining and hard, the redness disappearing on pressure. Mucous membrane on inner side of mouth highly inflamed, and small pustules are scattered over it. The surface opposite right lower canine tooth has sloughed, leaving a jagged uneven surface. Pulse 120; breathing 34; temperature 102.7. A puncture was made with a lancet through the skin in front of right shoulder-joint, and the wound inoculated with matter from one of the pustules at the chin. He was placed under *chloroform*, and all the involved inflamed cutaneous surface, and as much of the inflamed mucous membrane as could be reached, were swabbed with nitric acid. In evening, surface of eschar was a dull ashy-grey. Pulse full and bounding. Difficulty in masticating, though the appetite was good. Ordered stimulants and *perchloride of iron*.

June 9th. Much about the same. Slept tolerably well during night. The inoculated puncture over right shoulder has its presence marked by a speck of coagulated blood at the precise situation of puncture; the skin surrounding it is slightly reddened for half an inch or so. Tissues of neck as low as clavicle reddened and brawny; left half of lower



lip infiltrated, swollen and hard, its surface being shiny ; appetite still good. In evening, punctures over right shoulder appeared vesicular. Fresh pustules are springing up over face and neck around the area which was swabbed with the acid, and a sanious purulent discharge, of very fetid smell, is now taking place from said area. Ordered bread poultice followed by the local application of *permanganate of potash*. Four fresh punctures were made in left shoulder, and inoculated with the matter from the eschar on chin.

June 10th. The infected area is increasing, especially towards neck beneath angle of jaw, and not at all up in face, where the right cheek is even less swollen than on his admission. The day was very hot, and he was bathed in sweat; slight tremors of muscles of arms, as if from depression. An abscess is forming at back of each forearm, also one on centre of each calf. Inoculated surface on right shoulder is pustular. Evening, slightly delirious, getting out of bed, &c. Ordered *opium*, after which he slept.

June 11th. Much inclined to doze. Apparently very little pain. Takes all the fluid nourishment given him. Is quite sensible. No stool since admission. Urine scanty, clear, non-albuminous. The discharge is very fetid. Mucous membrane of nose reddened. Ordered *castor oil* which relieved bowels. After which date he became lower, had low muttering delirium, sank into a typhoid condition, and died at 7 p.m., June 16th.

*Post-mortem*.—On liver were simple subcutaneous elevations (not now discoloured) of a size varying from a half-penny piece in circumference to twice that size, but well defined. A section made into these lumps in all cases showed that they were caused by abscesses of the muscles. These suppurations of muscles were remarkably symmetrical, the two outer heads of the triceps, and the two superficial layers of extensors of forearm being affected. The knee and shoulder joints were opened, and found free from suppuration. The abscesses were in the fleshy substance and not in the interspace. They were surrounded by a semi-consistent cyst and had sanious pus in them. Many were small, others as large as a full-sized walnut. The largest were in triceps and gastrocnemius. Pleura had slight patches of recent lymph. Lungs showed tubular pneumonia, not suppurating. At base of right upper lobe a large portion of bony substance was in a state of grey



hepatisation, but no tendency to suppurate. The state of lungs conformed to what is common in aneurismal and cancerous disease of upper air passages, and not to pyæmia.

STATE OF PULSE, RESPIRATION, AND TEMPERATURE IN AXILLÆ.

				Pulse.		Resp.		Temp.
June 8	...	2.30 p.m.	...	120	...	34	...	102.7
„ 8	...	9.30 „	...	118	...	35	...	103.1
„ 9	...	12.50 „	...	118	...	30	...	102.4
„ 9	...	8.30 „	...	122	...	34	...	103.3
„ 10	...	11.50 a.m.	...	112	...	33	...	103.0
„ 10	...	10.0 p.m.	...	120	...	32	...	102.8
„ 11	...	10.30 a.m.	...	108	...	28	...	102.1
„ 11	...	10.15 p.m.	...	124	...	32	...	102.7
„ 12	...	10.30 a.m.	...	102	...	26	...	101.0
„ 12	...	9.15 p.m.	...	116	...	30	...	102.1
„ 13	...	12.50 „	...	102	...	28	...	100.3
„ 13	...	10.0 „	...	126	...	32	...	103.2
„ 14	...	10.0 a.m.	...	112	...	30	...	101.3
„ 14	...	9.45 p.m.	...	148	...	36	...	102.4
„ 15	...	Noon	...	146	...	34	...	103.2
„ 15	...	9.30 p.m.	...	144	...	40	...	103.2

(81) *Medical Times and Gazette.* 1870. Vol. i., p. 466.

By Mr. DE MORGAN.

Richard M., æt. 53, was admitted March 1st, 1870. Three weeks previously he had been attending a glandered horse, and used to wipe the horse's nose with a cloth, which he put into his pocket with his handkerchief. Fourteen days before admission he went to bed well, but woke in night feeling chilly and unwell, and four days later noticed a swelling on inner side of right forearm. He kept about till day of admission, but feeling extremely ill, with frequent rigors and sweatings. On admission countenance was flushed, skin hot, pulse very rapid and small. On inner side of both forearms, about centre, were two fluctuating swellings, that on right arm as large as an egg, and very tender on pressure, the skin over them red, the whole arms being swollen and somewhat œdematous. The abscesses were opened, and a large quantity of thick dirty-looking matter mixed with blood, and blood-clots was discharged, together with several shreds of slough. The cavities were syringed out with *chloride of zinc*, and poulticed. Ordered wine and *Dover's powder*. Two days



later, much swelling, with redness and tenderness over third and fourth metacarpo-phalangeal articulations of left hand. Both legs swollen and œdematous abscesses forming on outer side of right and in left calf, with red patches appearing on other parts of the legs. Morning temperature 99, but this evening (March 8rd) it rose to 103.4; respiration 36; pulse 108. Ordered port, brandy, and *pot. chlor. et sod. hyposulphit.*

March 5th. Pulse, temperature, and respiration still kept up; wandered in his mind; passed urine and fæces under him; abscess in right arm continued to discharge much dirty looking matter, mixed with blood; a pustular eruption has appeared. Two pustules, with bright red areolæ on left leg. Next day two or three similar pustules on face; the morning temperature being now 103, with a pulse of 112, and respiration 52, and copious sweating. Joints of great toes red and swollen. Ordered *chloral hydrate*.

March 7, 10 a.m. Temperature 104.4, pulse 140, respiration 56. Had passed a restless night, with delirium. Several fresh pustules had appeared on legs, belly, and head, and there were some red patches on feet. Tongue thickly coated. At 10 p.m. pulse was so rapid and irregular that it could not be counted; breathing very heavily, 40 a minute, sweating profusely, and wandering a great deal; temperature 104.6. Died at 3.20 a.m.

*Post-mortem* at 2 p.m. the day following. Marked lividity of all depending parts, face, ears, and lips; and on either side of spinous processes of vertebræ in dorsal region, were numerous, hard, purplish ecchymoses. Purple pustules on toes, arms, and scalp. Abscesses in arms containing thick dirty pus. On reflecting scalp, pustules were seen to extend through its whole thickness. Some opacity of brain membranes and lymph in arachnoid, with softening of the under surface of anterior and left middle lobes. Lungs firmly and universally adherent; bronchial tubes much inflamed, and containing muco-purulent fluid. Right cavities of heart contained large firm post-mortem clots. Liver large and fatty. Spleen soft, and with a cavity near its upper surface, containing bloody fluid. Numerous dark ecchymotic patches in stomach, chiefly at cardiac end.



## CLIMATE OF DAVOS.

THE season at Davos has now ended, and the numerous visitors there during the winter have dispersed. We are again under obligation to Mr. and Mrs. M'Morland for placing at our disposal the following meteorological observations for the month of March.

METEOROLOGICAL OBSERVATIONS, HOTEL BELVEDERE.  
MARCH, 1880.

March	BAROMETER in inches.	THERMOMETER.			HYGROMETER.	
		Min.	Max.	Solar Max.		
1	24.82	15.0	46.8	138.75	46.5	37.25
2	24.90	9.5	45.0	129.3	40.0	33.25
3	24.93	13.0	43.5	128.5	42.5	36.0
4	24.93	25.0	41.6	76.0	41.2	39.0
5	25.14	32.28	48.0	145.0	47.5	42.25
6	25.22	32.5	54.2	138.0	52.0	36.5
7	25.18	27.8	55.25	140.0	53.0	42.5
8	25.22	25.25	59.0	136.5	50.0	42.0
9	25.30	28.0	52.5	136.5	51.5	42.5
10	25.28	24.3	53.0	135.0	51.25	42.25
11	25.29	23.5	54.75	136.75	53.5	42.5
12	25.27	24.0	54.5	136.0	50.5	42.3
13	25.18	23.5	54.5	144.0	49.6	38.3
14	25.14	18.3	50.25	135.0	47.0	34.25
15	25.06	27.2	41.3	129.0	40.0	37.6
16	25.01	20.0	42.0	117.5	41.5	34.5
17	24.92	32.0	35.6	83.5	35.0	33.0
18	25.07	12.3	42.8	139.0	40.0	32.5
19	25.08	10.0	45.0	125.25	42.0	33.0
20	25.025	15.0	44.9	128.5	44.75	32.25
21	24.90	14.3	45.75	130.0	42.0	33.0
22	24.89	10.0	39.0	122.5	37.0	31.6
23	25.07	11.0	43.0	125.0	40.0	33.0
24	25.12	11.6	49.75	135.0	49.0	37.3
25	25.07	15.0	50.25	135.5	49.5	38.5
26	24.98	19.25	53.5	142.5	46.0	37.0
27	24.95	25.0	51.75	139.0	51.0	41.0
28	24.93	21.0	53.5	143.5	45.0	35.0
29	24.95	21.0	49.0	124.5	44.0	35.5
30	24.82	28.5	51.0	139.5	44.0	36.0
31	24.78	21.0	51.5	113.0	33.0	32.0

March 1. Cloudless.

„ 2. Ditto.



- March 3. Constant sunshine, but white clouds visible.  
Three hours of wind.
- „ 4. Grey till 8 a.m., snow from 8 a.m. till 10 a.m.,  
then rain all day. Two hours of wind.
- „ 5. Sunshine and clouds alternately till 3 p.m.,  
then quite grey.
- „ 6. Cloudless.
- „ 7. Ditto.
- „ 8. Ditto.
- „ 9. Ditto.
- „ 10. Ditto.
- „ 11. Ditto.
- „ 12. Ditto.
- „ 13. Ditto.
- „ 14. Cloudless till 4 p.m. By 8 p.m. quite cloudy.  
Light breeze from 2 p.m.
- „ 15. A light snow-fall till 10 a.m. Then gleams of  
sunshine alternating with clouds till 2 p.m.,  
afterwards brilliant.
- „ 16. Sunshine and clouds alternately till 2 p.m.,  
then showers of snow accompanied by wind.
- „ 17. Cloudy till 8 a.m.; snow from 8 a.m. till  
10 a.m., afternoon cloudy, with gleams of  
sunshine. Slight wind from 2 p.m.
- „ 18. Cloudless.
- „ 19. Ditto.
- „ 20. Cloudless till 1 p.m., after which a few clouds  
were visible from time to time. A little  
wind from 12 a.m.
- „ 21. Cloudless. A little wind from 1 p.m. till sunset.
- „ 22. Cloudless till 10 a.m., then white clouds  
visible. A high cold wind from 10 a.m.
- „ 23. Cloudless.
- „ 24. Ditto.
- „ 25. Ditto.
- „ 26. Cloudless till 12 a.m. Afternoon sunshine and  
clouds alternately. Some wind from 2 p.m.
- „ 27. Snow-showers between 7 and 8 a.m. Then  
brilliant sunshine, once or twice obscured by  
clouds. Wind from 2 p.m.
- „ 28. Cloudless till 2 p.m.; after 3 p.m., sunshine  
and clouds alternately. Slight wind, 1 p.m.  
till 4 p.m.
- „ 29. Bright sunshine, but horizon never cloudless.



March 30. Sunshine and clouds alternately, more sun than clouds. Light wind from 1 p.m. Snow at 6 p.m.

„ 31. Snow-showers and sunshine alternately, till 2 p.m. Sunny afternoon; horizon never cloudless. Wind till 12 p.m.

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## REVIEW.

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### *Materia Medica and Special Therapeutics of the New Remedies.*

By EDWIN M. HALE, M.D. Fifth Edition. Revised and enlarged. 2 vols. Vol. ii., *Special Therapeutics*. New York: Boericke and Tafel. 1880.

DR. HALE is well and favourably known as one of the most indefatigable collectors and industrious disseminators of therapeutic observations. Wherever, it would seem, he finds, or thinks he finds an application of a drug, proved or unproved, to have been followed by curative results, he, like Captain Cuttle, "makes a note of it," and forthwith reserves it for a new edition of his "New Remedies." Hence in the volume before us, as well as in previous editions, we meet with a large number of observations of varying value.

To one sentence in the short preface to this edition we must take exception. Thirty-seven new remedies he tells us have been added to this volume, and then writes: "That many of them have not been proved is no reason why we should not use them, for the clinical experience is sufficient until we have their pathogenesis." This to us appears like placing the cart before the horse, and to be destructive of scientific progress in therapeutics, and accuracy in prescribing. We admit, at once, that if a practitioner fails to discover a true *simile* to a case, he is then more than justified, he is bound to fall back upon such empirical hints as he can get hold of. But, inasmuch as all experience tells us that the homoeopathically indicated medicine is that which is the surest, safest, and most powerful remedy, it is a clear duty to assure ourselves, first of all, that we cannot find such an one before we avail ourselves of clinical testimony, which has not been endorsed by experimental enquiry on the healthy. When Dr. Hale gives us evidence, that a drug will cause a condition similar to that it will cure, we may rely upon him, and thankfully accept the information he gives us. But, on the other hand, where his witnesses are simply those who have tried a medicine in a given form of disease, on some empirical suggestions, and believe that they have done so with



success, our safest and wisest plan is to regard such a medicine as of doubtful value as a remedy, and to look upon it as one, the pathogenetic properties of which are well worthy of investigation.

The mass of facts and observations collected together in the volume before us are, nevertheless, deserving of careful study, and some of the articles give us clearer and fuller accounts of the action of the drugs to which they relate, than are accessible elsewhere. Some of the provings have been fairly done, and the inferences derived from them have been found eminently useful in practice.

## MEETINGS OF SOCIETIES.

### HAHNEMANN CONVALESCENT HOME

AND

### HOMŒOPATHIC DISPENSARY, BOURNEMOUTH.

THE second annual general meeting of this institution was held in the Home, West Cliff, Bournemouth, on Saturday, April 8rd, the Lord Chancellor presiding.

Mr. Ward, the secretary, read the medical officers' report, which was as follows, and also the report of the committee:—

Gentlemen,—We commence our report for the year 1879 by expressing our pleasure that the labours of the committee have been so far crowned with success, and that the Hahnemann Convalescent Home has been opened for the reception of patients. As the first patient was not admitted until the third day of November, our report as far as regards the Home, will be for the last two months of the year only:—

Received into the Home to Dec. 31, 1879,	...	11
Dismissed	... ..	2
Remaining at end of the year	... ..	9—11

Of the two patients referred to, one left at his own request, his wife having come to reside in the town; the other left cured. The Dispensary still shows an increase in the number of patients. They stand as follows:—

Remaining on books from 1878	...	...	—	46
Admitted during 1st quarter	...	...	162	
„ „ 2nd „	...	...	170	
„ „ 3rd „	...	...	114	
„ „ 4th „	...	...	142—	588
Total	...	...	...	684

Ninety of these patients have been treated at their own homes, and 647 visits have been paid to them; there were 2,068



attendances at the Dispensary. The results of the treatment at the Dispensary, so far as they can be ascertained, may be represented in the following table :—

Cured	...	...	...	...	824
Relieved	...	...	...	...	132
Unimproved	...	...	...	...	63
No report	...	...	...	...	66
Dead	...	...	...	...	6
Under Treatment	...	...	...	...	43
					<hr/> 634

The cases of death consisted of three cases of phthisis, aged respectively 50, 35, and 35 years; one of bronchitis, aged 18 months; one of heart disease, aged 70; and one of senile mania, aged 82. Patients have attended the Dispensary as in former years from Bournemouth proper, and the outlying districts, and in considerable numbers also from Poole, Parkstone, and Christchurch.

HERBERT NANKIVELL, M.D.

WILLIAM G. HARDY, M.D.

FRANK NANKIVELL, M.D.

The committee, after remarking that as the Home had only been open two months of the year to which their report referred, say that they think it desirable to give the results obtained during the first three months of the current year, which they do as follows :—

“Up to the 31st March, 1880, the Home had received twenty-five patients, and to this number your committee, bearing in mind that the accommodation afforded was at the outset only sufficient for ten persons, and at no time exceeded the requirements of twelve, refer with satisfaction. That the Home is appreciated is evident from the continued applications for admission from all parts of the kingdom, indeed the number of beds has more than once proved insufficient for the accommodation of would-be inmates, and your committee are already looking forward to the time when they shall appeal for funds to enable them to add a wing to the present building. Your committee have during the present year been endeavouring to clear off the sum of £675 due to the furniture account, and with this object they have issued a special appeal. They have, however, received in response the sum of £300 only; there therefore still remains the sum of £375 to be raised. The existence of this debt is the only unsatisfactory feature to which your committee can point—they would be truly thankful to see



it removed, and thus to be themselves relieved from the anxiety which a debt necessarily causes."

The report concluded by referring to the continued usefulness and success of the Dispensary. The financial statement read by the Rev. R. Colman, showed a balance in hand on the building account of £92 14s.; on the furnishing account a deficit of £875; on the housekeeping account a balance in hand of £10 15s. 11d.; while the Dispensary was in debt to the Treasurer to the extent of £5 4s. 1d.

The Lord Chancellor said he believed it was now his duty to move the adoption of the report, which, in many respects, they must look upon as very satisfactory. The Home had certainly prospered so far; they had a house built in a most excellent situation, and from a sanitary point of view the Home itself was everything that could be desired for its size. The want of such a place had been proved by the fact that since it had been built and opened there had never been a time when it had not been full, but unfortunately, when it was full it only contained twelve beds. There were two circumstances which should occupy their attention on that occasion; firstly, how the debt which remained on the furnishing account could be discharged; and secondly, how a constant income could be provided in order to meet the annual expenses of the institution. Each of the patients paid 7s. 6d. a week, but that sum, added to the subscription of the governor who recommended the patient and which was not less than three guineas, did not represent the whole of the expense of the patient, and there was, therefore, a demand for something more. He trusted that they would endeavour to obtain as many annual subscribers and governors as possible, in order to supply a permanent fund for the income of the institution. Nothing would be more to be deplored than that a Home of that kind after it had been once set up, should collapse in the middle of the year for the want of means of support. As to the question of wiping off the debt of £875 on the furnishing account, that was not a great sum for such a neighbourhood as Bournemouth, and he hoped those who took an interest in the Home would afford some assistance themselves, and endeavour to get others to do so. He thought that with some little exertion the whole of the debt could be liquidated, and that the day might not be far distant when they could add to the capacity of the building, so that they might not only have twelve patients in the Home, but three or four times as many (hear, hear). There could be no greater benefit to sufferers than to be transported from parts of the country which were not desirable from a sanitary point of view, down to such an excellent neighbourhood as this, and many persons thus brought down, could be sent back to their own places of residence, cured, under



the blessing of Providence, from the illness from which they had been suffering. He rejoiced to think that the Home had prospered so far, and that it was prospering.

The report was adopted, and the following formal business was transacted:—Election of committee—Dr. Drury was appointed in the room of the Rev. H. C. Leonard, who had left the town, and Admiral Grey, the Rev. R. Colman and Mr. Dominy (who retire by rotation) were re-elected. The Lord Chancellor kindly consented to again act as president. Mr. John Smith was re-appointed auditor for the ensuing year.

After some further routine business the proceedings concluded with a vote of thanks to the Lord Chancellor for presiding.

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### THE THIRD ANNUAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON SCHOOL OF HOMŒOPATHY.

THE annual meeting of the Governors and Subscribers of the London School of Homœopathy was held on Thursday, April 15, 1880, in the Lecture Room at the London Homœopathic Hospital, the Right Honorable Lord Ebury, the President of the School, in the chair.

The report was read by the Honorary Secretary (Dr. BAYES). It began by stating that "although there yet remains much to be done before we can claim complete success, very considerable progress has been made towards the settlement of several points on which differences of opinion had arisen."

The resolution agreed to last year, at the instigation chiefly of Drs. Drysdale, Dudgeon, and Black, that the School should cease to subscribe to the funds of the Hospital, is next referred to. The addition the funds of the Hospital have lately received from the generous bequest of the late Dr. Quin has, however, happily prevented that loss in the efficiency of the Hospital as a clinical school which would otherwise have occurred as the consequence of this resolution. The following passages describe the financial condition of the School and the work that has been done:—

"The past year has been one in which, owing to depression of trade, bad harvests, and many other circumstances, the funds of almost all institutions have very materially suffered—ours among the rest. It will be seen on reference to our revenue account for 1878 that the subscriptions amounted to £549 8s.; while last year they were but £450. The donations show a still greater falling off, being in 1878, £261 8s.\* and in 1879, only £30 10s.

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\* During 1878 the Earl of Crawford and Balcarres gave the very handsome donation of £200.



“The number of our students during 1879 was during the summer session 10; ditto during winter session, 12; and in addition there was a class of female missionaries, 4. The fees received for lectures during 1879 were £40 19s.

“The number of lectures delivered on Homœopathic Materia Medica and Therapeutics by Dr. Richard Hughes in 1879 was 68; while Dr. Dyce Brown delivered 69 lectures on the Principles and Practice of Homœopathic Medicine. The average daily number of students has been 7. In addition, Dr. Dyce Brown, Dr. Blackley, and Mr. Thorold Wood, give clinical instruction to such students as go round the wards with them; and Drs. Dyce Brown, Richard Hughes, Blackley, Cooper, and Mr. Thorold Wood, give instruction in the out-patient department of the Hospital.”

The report then refers with regret to the resignation of Lord Bury as Chairman of Committee, in consequence of his official duties as a member of Her Majesty's Government, and also to the retirement of Drs. Wolston, Wyld, Black and Lade from the Committee. The election of Drs. Sanders Stevens and Baynes as members of Council are noticed, as well as the generous offer of Mr. Miller, of Glasgow, to supplement Dr. Bayes' prize for the student who passes the best examination, by one for the second best. Several important additions to the library and museum are mentioned, and the report concludes by saying that

“It will be seen that, in spite of many difficulties inseparable from the starting and prosecution of a new institution, our School is progressing and doing good solid work; and it is to be hoped that, in God's good time, we shall see, as the fruition of its efforts, a truer knowledge of the science of homœopathy gradually and firmly planted within the medical profession.”

After concluding the reading of the report, Dr. BAYES said, that though properly belonging to the events of the School in the current year, he thought it would be well to mention an important change in the staff of the School that was about to take place, owing to the resignation by Dr. Hughes of a part of his duties. Having abandoned London practice, Dr. Hughes felt that, though able to lecture during the summer, it would be impossible for him to continue his winter course. Dr. Bayes also stated that the 1st prize in the examinations on Materia Medica and the Practice of Medicine at the conclusion of the winter session 1879-80 had been awarded to Dr. Percy Cox, and the second to Dr. Shannon, of Philadelphia, who had come over expressly to attend the lectures at the School.

LORD EBURY, in rising to move the adoption of the report, said that when he received the report that had been read, he felt a very strong desire to be present on that occasion. He had watched the progress of the Institution with the deepest interest,



the more so as it appeared absolutely certain to fulfil the functions it had been promoted to perform. His Lordship had now every hope that it would become a really valuable School of Homœopathy. They had made a commencement this year with a very satisfactory asset and balance, while the alteration named in the report as to the Hospital subscription would be an advantage to the School, though not to the Hospital. His Lordship observed that Lord Bury, who had been their very able Chairman of Committees, had been compelled to resign this post, owing to his appointment in the Ministry, and as it seemed that he would soon have a further opportunity of showing his powers of resignation (laughter), they hoped again to secure the whole of his useful services in their Institution. (Applause). Notwithstanding Dr. Hughes' removal from London, his Lordship was glad to hear that he would still be able to render them some assistance. It was to be hoped that a larger amount of subscriptions might accrue during the coming year, and he could not but feel that they would be helped towards the result they hoped to attain by a closer union between the School and the Hospital. His Lordship said that he had received a letter from Dr. Drysdale requesting that the question of recognition might be reopened. This was a matter affecting the whole action of the School, and could only be entered into by a meeting specially called for that purpose, and, therefore, he thought that he would not be in order in bringing forward the proposition on that occasion. His Lordship concluded by moving that the report which had been read be adopted, printed, and circulated in the usual way, and added that it had afforded him great pleasure to be with them on that occasion.

Captain VAUGHAN-MORGAN seconded the motion, and in doing so thanked Lord Ebury for the estimate he had given of the very gratifying position in which they stood, and of the position, in respect to the successful working of the School, in which Dr. Bayes sat, very greatly to his own credit. He greatly regretted Dr. Hughes's resignation, but at the same time its occurrence had shown them that they possessed a number of men able and willing to fill the post he had occupied.

The motion was then put and carried unanimously.

Lord Ebury being compelled to leave at this stage of the proceedings, Captain Vaughan-Morgan took the chair, and called upon Dr. Bayes to explain a proposed alteration in one of the laws. This he did to the following effect :—By Rule 6 the election of Lecturers is directed to be made by the Committee of Management from among candidates nominated by the Council.

Dr. BAYES thought that as none were better qualified to judge of the fitness of a candidate for such a post than members of the medical profession, the Medical Governors of the School should



be associated with the Committee in the discharge of the duty of election.

After some discussion on this matter the following resolution proposed by Dr. MATHESON and seconded by Dr. YELDHAM was carried unanimously :—

“ That the following words be added to Rule 6. ‘ If there be more than one candidate for a vacant lectureship, the committee shall associate the Medical Governors with itself for the purpose of election.’ ”

In reply to a question put by Dr. BAYNES, Dr. BAYES said that Medical Governors residing in the country could, in accordance with Rule 8, vote by letter.

The election of officers for the ensuing year was then proceeded with. The Trustees, Honorary Secretaries, Lecturers, Auditors and Members of the Committee retiring in rotation were re-elected; Dr. Roth being elected a member of the committee in the place of Lord Borthwick who had retired in consequence of his removal to Scotland. Admiral Gordon was re-elected a member of the Council, and Dr. Matheson, Dr. Marsden and Mr. Harris were also appointed on the Council in the place of the three other retiring members.

With a vote of thanks to Lord Ebury and Captain Vaughan-Morgan for presiding the proceedings terminated.

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## NOTABILIA.

### LONDON SCHOOL OF HOMŒOPATHY.

At the Examination held on the 31st of March for the prize offered by Dr. Bayes, the following were the questions proposed.

#### PRACTICE OF MEDICINE.

1. What are the disorders of the larynx for which *apis* is useful? State the indications for it in each form of disorder, and name the indications in other parts of the body which you would enquire for as corroborating your selection of this remedy.

2. Describe the condition of body and symptoms which would lead you to select *plumbum* as a remedy in epilepsy, not only at the time of the attack but in the interval. State the same in regard to *belladonna*.

3. A case of amenorrhœa presents itself for which *pulsatilla* is the medicine. Describe such a case fully.

4. Four cases of bronchitis require respectively, *bryonia*, *ipêcacuanha*, *antimonium tart.*, and *kali bichromicum*. Describe such cases, giving their indicating symptoms, and the physical signs which you would expect to find in each.



5. Describe the headache of *actæa racemosa*, and the general run of symptoms which usually is found present along with it, and which are characteristic of *actæa*.

6. What are the leading remedies of sleeplessness, giving the indications for each.

Each candidate is expected to answer at least three of the above six questions, but he is at liberty to answer the whole if he so desire.

#### MATERIA MEDICA AND THERAPEUTICS.

1. Characterise the relation to the febrile state of *aconite*, *arsenic*, *belladonna*, *bryonia*, *baptisia*, and *gelseminum* respectively.

2. State the action on the lungs of *bryonia*, of *phosphorus*, and of *tartar emetic*; and the place of each in the therapeutics of pulmonary inflammation.

3. Describe the physiological effects of *jaborandi*, and indicate the directions in which it is likely to be beneficial according to the law of similars.

4. What are the conditions under which *sulphur* would be preferable to any other remedy in a case of chronic disorder?

Each candidate is expected to answer at least three of the above four questions, but he is at liberty to answer the whole if he so desire.

The first prize (£20) was obtained by Richard Percy Cox, M.B., Edin., the eldest son of the late Mr. William Cox, surgeon, of Manchester, and the second (£10) by S. F. Shannon, M.D., of Philadelphia.

#### REFLECTED NEURALGIA.

THE following very interesting and suggestive case is recorded in the *Monthly Review of Dental Surgery*, by Mr. S. J. Hutchinson, Assistant Surgeon to the Dental Hospital, London.

“In July last year, I filled up an upper bicuspid for a lady with osteo cement. The tooth had a very large, saucer-shaped cavity on its mesial surface, extending also to the palatine side, the cusp here having disappeared.

“The cavity was not particularly sensitive, and as it had been present for some time and was of such a shape that food had not lodged in it, and as there seemed to be a layer of secondary dentine over the pulp, I ventured to fill it at once. Unfortunately (as it proves) I did not put anything between the osteo and the region of the pulp, yet very little pain was caused in the process.

“On the 1st of February, I received a note from the patient, saying that she had been advised by her medical man to have her tooth examined to see if there could be any dental cause for



the extreme pain she had suffered in her head. The pain was described as being in the temporal and parietal regions, by the side of the nose, in the eye, and especially near the articulation of the lower jaw, in fact, in the region of Meckel's ganglion, but there was no pain whatever in any tooth or in the dental region.

"The patient said the pain had only been acute for about three weeks, had resisted all treatment, had caused sleepless nights, and came on apparently without reason, usually, however, on changing the temperature by going out of or indoors, and it was unilateral. On examining the mouth, I found no fresh decay, no exposed nerves, and no erupting wisdom tooth. The bicuspid I had filled was a trifle loose, but not tender on pressure; a lateral also with a very large stopping did not give any indication of being the cause of the pain. The patient stated that in July the bicuspid had ached for two or three days, but after that no pain whatever had been felt in the tooth. This fact of pain after stopping led me to decide on removing the whole filling. On the last fragment coming away, the patient shrieked with pain, and I found a highly inflamed point of exposure of the pulp with visible pulsation; the chief pain, however, was still in the ganglionic region. The tooth was dressed with light wool and mastic over carbolic acid, and left for a few days, during which time, however, pain was felt; and then I gave the patient the option of having the pulp destroyed, *versus* extraction. She unhesitatingly decided on the latter, and as the size of the cavity and the violence of the general neuralgia justified this course, I adopted it and was rewarded by a complete cure of all the reflected pain.

"An obvious moral is to be deduced from this case:—to protect the pulp if nearly exposed, from the direct contact of osteo fillings, and in cases of reflected neuralgia, to be on the look-out for stoppings which may possibly be a cause of nerve-irritation."

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## HOMŒOPATHY AT THE UNIVERSITY OF MICHIGAN.

As our readers are aware, the medical department of this University has a staff of professors specially appointed to teach homœopathy. Professor Wilson is the recently appointed Professor of the Practice of Medicine, Professor Franklin the Professor of Surgery, and Professor S. A. Jones that of *Materia Medica*. Candidates for graduation can elect to be examined in these subjects by the representatives of traditional or of modern, specific, or homœopathic medicine. Until lately the homœopathic professors were dependent for their clinical material on a dispensary; recently, however, funds have been obtained, mainly, we infer from a report in the *Ann Arbor*



*Democrat*, from the State Legislature, to provide hospital accommodation for homœopathists. On the 17th of March this hospital was opened with becoming ceremony, the amphitheatre of the hospital being crowded, and eloquent addresses being delivered by Professors Franklin and Jones. The former referred to the history of the introduction of homœopathy into the University in the following terms :—

“In 1855 the Legislature of the State of Michigan first engrafted upon the University of Michigan a department for teaching its youth the principles and therapeutics of homœopathy. For twenty years the conflict waxed hot between the people and the regency, and not till the treasury of the university was nigh exhausted was it permitted an abiding-place upon this campus. Its advent here was conceived in malignancy and hostility, and the spirit and letter of the times of its birth have been tenaciously adhered to ever since. In 1875, Drs. Samuel A. Jones and John C. Morgan, two prominent physicians of our school, were appointed as professors to teach the practice and therapeutics of homœopathy. The former remains in the faculty to-day, having passed through triumphantly and without scar the battles and sieges of the opposition, a living monument of heroism in the cause of homœopathy and of truth.

“Let us write in letters of gold in some appropriate niche within this temple of healing, our appreciation of that wise and just Legislature, which first planted the seed of *similia* upon the soil of this classic campus, which, in spite of the most determined and deadly opposition of our allopathic neighbours, and the unwise counsels of our own brethren, has advanced year after year, till to-day, when you see the rich fruition of our labours culminated in the erection by the Legislature of this State of one of the largest and best constructed amphitheatres in the west. Our hospital, too, a generous gift of the same Legislature, is ample and convenient enough for our present wants, and possessing the modern improvements of health and comfort, rivals any institution of the kind erected in the interests of homœopathy in this western valley. Thus, the much vexed question of homœopathy continuing on this campus, has been definitely and emphatically settled by the people of the State. Conscious of our rights and privileges here, determined in our efforts to sustain and advance our cause by every laudable endeavour, we have taken to-day a perpetual lease of our new habitation, and here we propose to stay, till we shall have conquered all opposition, and established the cause of *similia* on the basis of an undisputed and invincible truth.”

Professor Jones dwelt largely on the historical aspects of hospital accommodation, and pleaded earnestly and well for rendering such accommodation free of expense to all worthy of it. In



alluding to the therapeutic views of the branch of the faculty he represented, he said—

“Of the many responsibilities resting upon the faculty there is one which I must especially mention. I hope to speak of it with modesty and yet with plainness sufficient to put it beyond all possibility of misunderstanding.

“Among the pleasant fictions related of us as homœopathists are these: That we employ only the most concentrated poisons. We are, therefore, dangerous practitioners. That we employ only medicines diluted to nothing. We are, therefore, inefficient practitioners. That we obtain our results through the influences of the imagination. That for our cures we secretly resort to their medicines in their doses. When a man is thus attacked in front and rear, above and below, and on both sides simultaneously he is in a sorry fix unless the truth be with him and in him. Panoplied by her one man alone need not fear a host. We have learned this from our Master's example.

“We are not taking a new position for this occasion. We stand where we have always stood on the *law of similars*, the *single remedy*, and the *minimum dose*. We know ‘the grounds of a homœopath's faith,’ and we are here in this University to maintain them. Our hospital records shall bear witness to our singleness of heart, our integrity of purpose, our purity of practice. We have law to guide us, results to justify us, and science to acknowledge us as her own. To her arbitrament we submit our all without the shadow of a fear.

“We pledge ourselves to a practical demonstration of the possibilities and capabilities of homœopathy, accepting without reserve the the posology of Hahnemann; we leave the reconciling or the reviling, of its theoretical contradictions as a ‘sugar tit’ for its detractors.”

Addresses were also delivered by Dr. Eldridge, one of the senior physicians of the State, Professor Wilson, Dr Sawyer of Munroe and President Angell, while the proceedings were varied and enlivened by music discoursed by the Ann Arbor City Band.

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## CARBOLIC ACID POISONING THROUGH THE PREVIOUSLY HEALTHY SKIN.

DR. EDWARD ZILLNER, assistant to the Professor of Medical Jurisprudence at Vienna (*Wiener Med. Wochenschrift*, No. 47, 1879) relates the following interesting case:—A young child of fourteen months was trying to raise itself up in the street by means of a can belonging to one of the municipal “disinfecting officers,” which contained about a litre of 80 to 40 per cent. carbolic acid solution. In so doing it upset the contents of the can



over itself, so that nearly the whole of the front of its trunk and extremities were wetted by the acid. The accident happened on June 30 at 8 p.m., and the child was almost immediately after taken to the hospital. It was deeply comatose, with a very weak, uncountable pulse. There were abundant râles over both lungs. It died without recovering consciousness at 4 a.m., July 1. No smell of carbolic acid could be detected in any of the organs of the body at the autopsy, but the urine contained whitish flocculi, and on the second day had turned of a dirty brown colour, while Professor Ludwig detected carbolic acid in it on chemical analysis. The coma could not be accounted for by any injury to the head or any disease of the brain. The bronchial catarrh appears to have been an affair of some standing, the child being also rickety and delicate. Dr. Zillner gave it as his decided opinion—a judicial inquiry having been opened—that the carbolic acid was the cause of death; but a second physician ascribed the latter to the bronchitis. A third, however, appointed as arbiter, entirely agreed, as most people would probably be inclined to do, with Dr. Zillner. The case is nearly, if not quite, unique as an example of fatal carbolic acid poisoning in an individual whose skin was previously quite healthy. A very similar case has been published by Sandwell (*British Medical Journal*, October 8, 1870), but the child was ill at the time with pleurisy and intestinal catarrh, and may have succumbed to them. Dr. Wicke, of Göttingen (*Deutsche Klinik*, 1869, Nos. 19 and 20), records a case in which a patient died a few minutes after carbolic acid had been painted on his scalp, but here the skin had been affected for twelve years with favus. One point in Zillner's case deserves notice—the large amount of ante-mortem coagulation of the blood. As a rule, the blood remains fluid after carbolic acid poisoning. The only exceptions appear to be those cases where, as in Zillner's, the agony is much prolonged.—*Medical Times and Gazette*.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE eighth ordinary meeting of this Society will take place on Thursday, May 6th, 1880, at seven o'clock. A Paper will be read by Dr. Midgley Cash, of Torquay, entitled, "*Internal Hæmorrhoids and their Treatment*."

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### A MEDICAL MAGISTRATE.

WE learn from a Southport newspaper that Dr. BLEMBERG has been placed in the Commission of the Peace for that borough.



### LONDON HOMŒOPATHIC HOSPITAL.

The Return of Patients admitted during the two months ending April 22nd, 1880, gives the following statistics :—

Remaining in Hospital February 19th, 1880 ...	42
Admitted between that date and April 22nd, 1880	72
	—
	114
Discharged between Feb. 19th and April 22nd...	78
	—
Remaining in Hospital, April 22nd, 1880 ...	36
	—

The small number of In-Patients is due to the fact that owing to an unexpected outbreak of fever in the largest ward, that ward was closed during the whole of this period.

The number of New Out-Patients during the above time  
has been ... .. 1,255

The total number of Out-Patients' attendances for the  
same period has been... .. 3,691

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### CORRESPONDENCE.

#### THE BRITISH HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Dr. Drury states that the British Homœopathic Society have decided to proceed at once with a new edition of the Pharmacopœia. If the Pharmacopœia Committee have ceased to exist, would it not be the wisest course to appoint a new committee and revise the book seriatim? It might cause some little delay, for which we should be amply repaid by the result.

The French are about revising their Pharmacopœia, and how thorough the revision is to be we may judge by the steps they are taking, viz., "The commission appointed to revise the French Code has appointed thirteen sub-committees, each consisting of four, five or six members selected to a great extent from French pharmaciens. The revision of a certain section of the Pharmacopœia is entrusted to each sub-committee."

Why should we be less strict in our revision than our neighbours across the channel? As the Text Book of Homœopathic



Pharmacy it ought to be as near perfection as possible, and that end will be best attained by some such procedure as the one adopted by the French Commission.

Yours very truly,

J. TIRRELL.

Market Square,  
Hanley, 19th April, 1880.

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## NOTICES TO CORRESPONDENTS.

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••• *We cannot undertake to return rejected manuscripts.*

Dr. PRÖLL.—We much regret being obliged to postpone your paper until our next number.

Communications, &c., have been received from Dr. BAYES and Captain MAYCOCK, London; Dr. HUGHES, Brighton; Dr. NANKIVELL, Bournemouth; Dr. WILDE, Weston-super-Mare; Dr. HARMAR SMITH, Ramsgate; Mr. TIRRELL, Hanley; Dr. MURRAY MOORE, Auckland; Dr. FAWCETT, Bathurst; Dr. RUEDI and Mrs. M'MORLAND, Davos; Dr. SHARP, Rugby; Messrs. BARBAUD & JERRARD; Dr. J. C. WOOD, Ann Arbor, Mich.; Dr. PAIJNE, Trinidad.

In our last issue we gave Messrs. Barraud & Jerrard's address as 97, Gloucester Place, Portman Square, instead of 96.

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## BOOKS RECEIVED.

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*The British Journal of Homœopathy.*  
*The Organon, a Quarterly Anglo-American Journal.*  
*The Homœopathic World.*  
*The Students' Journal.*  
*The Chemist and Druggist.*  
*The North American Journal of Homœopathy.*  
*The Homœopathic Times.*  
*The Hahnemannian Monthly.*  
*The New England Medical Gazette.*  
*The Clinique (Chicago).*  
*The American Observer.*  
*The Homœopathic Expositor.*  
*The Homœopathic News.*  
*The American Homœopath.*  
*The Therapeutic Gazette.*  
*The Homœopathic Journal of Obstetrics.*  
*Bulletin de la Société Hom. de France.*  
*L'Art Medical.*  
*Allgemeine Homœopathische Zeitung.*  
*Eleventh Annual Report of the Homœopathic Hospital and Dispensary, Melbourne.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LONDON HOMŒOPATHIC HOSPITAL AND THE LONDON SCHOOL OF HOMŒOPATHY.

WITHIN the past few weeks, the annual meetings of our two most important Institutions for promoting a knowledge of homœopathy have been held. The reports which have emanated from their respective committees are now before us, and afford abundant room for congratulation. Both Institutions are flourishing, both are doing good and useful work, and both are earnestly endeavouring to accomplish more. Those to whom the subscribers to each have delegated their management are working harmoniously together, with a single eye to the advantage of their respective trusts.

LORD EBURY, when moving its adoption, said that he regarded the Report of the Hospital as "being really about the most satisfactory since the commencement of the work of promoting and sustaining the hospital." So good was it that his lordship said he found some difficulty in procuring any exciting subjects on which to remark.

Eminently gratifying as such a verdict must be felt to be, when coming from one who has so carefully, and we



may add, so lovingly, watched over the welfare of the hospital during the last twenty years of its existence as Lord EBURY has done, it will be no less pleasing to all who take an interest in the progress of homœopathy to find how thoroughly his lordship's opinion is justified by the details of the Report.

In its financial position the Hospital never was so well off as it is at this moment. It is true, and we regret that it should be so, that the munificent bequest of Dr. QUN has not (owing, we believe, to the depression existing in the price of all securities at the time when it was necessary to realise the property) reached the sum it was anticipated that it would do. Nevertheless, fully £11,000 have, from this source, been placed in trust for the benefit of the Hospital. But whatever of disappointment may have occurred from the non-realisation of the hopes and estimates of a year ago, has been largely dispelled by the generosity of a lady who has undertaken to provide for the maintenance of six beds, to be called "The Durning Beds," and has further intimated that, on being satisfied that the experiment proves satisfactory, it is her intention to permanently endow them. This new annual subscription amounts to 200 guineas. The ordinary subscription list shows a net increase of £42 18s. 6d. over that of the preceding year, while the donations of 1879 are £79 8s. 6d. in excess of those of 1878. The fees received for the registration of out-patients amounted in 1879 to £310 3s., as against £286 15s. in the year before. Especially gratifying also are the receipts of the Nursing Fund. These during last year were £612, as against £571 16s. in the twelve months immediately preceding—a sum which represented a large increase on the previous year.

Not only have the funds been thus considerably increased, but the expenses have been largely diminished. The



balance-sheet, it is true, shows an increase in the expenditure of the year of £54 5s. 9d. ; but when it is considered that the account includes an increase of £123 15s. 10d. in fuel and light, due exclusively to the exceptionally severe weather and succession of dense fogs during the last winter ; of £69 13s. 11d. on account of printing, properly belonging to the accounts of 1878 ; of £29 1s. 8d. expended in roofing repairs, rendered necessary by the unusually prolonged frosts and heavy gales of the winter, and also of an increased expenditure for furniture on account of fittings required for the paying patients—when these items—all exceptional—are allowed for, the saving effected by the Board during the past year will be found to have been no less than £200.

It must be remembered that this economy has been effected without any diminution in the efficiency of the Hospital either as a charity or a clinical school. The occurrence of scarlatina in one of the larger wards compelled its closure for a time, and hence we find that three less patients were admitted during the past than in the preceding year. On the other hand, the number of out-patients has increased by no less than 441.

We thus see that the income of our Hospital has considerably increased during the year, its expenditure has diminished, and its public usefulness been more than sustained.

It would, we think, be very difficult indeed to attain a more satisfactory position than this ; it would be difficult for any board of management of any charity to present stronger claims on the confidence of the public than those set forth in the brief analysis we have now made.

The Board have, as we well know, had very many difficulties to contend with. They knew that the cause they had at heart was good and true, they manfully faced



their difficulties, and have surmounted them. We heartily congratulate them on their success, and trust that they will see their reward in a still larger increase of public support, providing them with the means of yet greater public usefulness.

Far younger, and therefore much less thoroughly developed, but, in the influence it is destined to have on the progress of homœopathy, ranking equally with the Hospital, is the LONDON SCHOOL OF HOMŒOPATHY. The details of the meeting of its supporters we gave in our last number. Here, too, the Report of the proceedings of the past year was encouraging. The school is gradually overcoming the difficulties thrown in its way by the opposition its management has encountered from a small minority of the medical governors, and the meeting in April passed off without any impracticable resolutions being pressed, or indeed proposed. It now occupies a position fully justifying Lord Ebury's remark that "it appears absolutely certain to fulfil the function it was promoted to perform." All that our School requires to render it as successful as we can desire, to make it a powerful instrument for indoctrinating the medical profession with homœopathy is, that the junior members of the profession should be encouraged to take advantage of the opportunities it offers them of acquiring a knowledge of homœopathy—not, as we have too much reason to fear has been the case, discouraged from so doing—by those who owe their success in practice to their study of this method. If, however, physicians, who are well known as homœopathists, persist in unworthy efforts to throw cold water upon it, in representing it as incapable of doing good, as undeserving of support, it will yet be some time before those who have devoted their energy and influence to setting it on foot and sustaining it will see the full reward of their labours.



The Report refers to the retirement of Dr. HUGHES from the post of Lecturer on Materia Medica during the winter session. It is needless to say that the loss of Dr. HUGHES' services, so far, is a very great one, and that his resignation of so important a part of the duty he has so well, and at the cost of much time and personal inconvenience, fulfilled, has excited a feeling of universal regret. He has, however, shown his zeal for the work in which he has engaged, as well as his readiness to sacrifice his personal interests for the good of homœopathy, by undertaking to deliver a course of lectures on the Institutes of Homœopathy during the summer session of each year. That he has done so is matter for congratulation, and we trust that, in undertaking this work, he will receive all the support and encouragement in its performance to which he is, on every ground, so well entitled.

A letter is published in our present number from Dr. BAYES, to whom we are indebted for the establishment of the School, to whose energy and determination we must largely ascribe the fact that it is a School of Homœopathy, and not one of merely general therapeutics. In this, while clearly and sufficiently exposing the fallacies into which Dr. JOUSSET's imperfect apprehension of the discussion which took place at a meeting of the medical governors a year ago has led him, and which Dr. BLACK has so readily laid hold of as a lever wherewith to press his peculiar views upon his English colleagues, he errs, we think, in two points.

First, he seems to assume, from the fact that open and avowed homœopaths are not largely on the increase amongst us, that homœopathy is not increasingly practised. This we have frequently pointed out in this *Review* is a fallacy. It is, we think, impossible for anyone to study current medical literature in a perfectly impartial manner,



and not to see that the doctrine of homœopathy is practically taught and clinically utilised to a greater extent than it has been at any time during the present century. Compare, for example, the observations on the uses of *Arsenic* in CHRISTISON'S *Dispensatory*, and in PEREIRA'S *Materia Medica* published, the former in 1848 and the latter in 1854, with the article upon the same subject in BARTHOLOW'S *Materia Medica and Therapeutics* issued this year. The difference is enormous. Beyond stating that arsenic has been used in epilepsy, intermittent fever, cancer and psoriasis, the authors of thirty years ago knew nothing, and consequently could teach nothing about its therapeutic properties. On the other hand, Professor BARTHOLOW'S account of the "therapy" of this valuable drug is one that no one could have written who had not a knowledge of the principles of homœopathy, who was not acquainted with the practice and literature of homœopathy. Professor BARTHOLOW testifies to the utility of arsenic in irritative dyspepsia, with "a red and pointed tongue" and other symptoms which arsenic is well known to all to produce; in the vomiting of pregnancy, in that of chronic gastric catarrh, in chronic ulcer of the stomach, in cancer of the stomach, idiopathic gastralgia and enteralgia, and he adds if in the treatment of stomach disorders, only small doses of arsenic are admissible. Large doses, by creating an irritation of the gastric mucous membrane, will only defeat the end in view!" Diarrhœa, entero-colitis, epidermic cholera, jaundice of malarial origin, chlorosis and anæmia, acute coryza and hay asthma, chronic catarrh of the broncho-pulmonary mucous membrane, emphysema, sclerosis of the lung, chronic forms of phthisis, feebleness of the heart with œdema of the feet and ankles, angina pectoris, hemi-crania and malarial neuralgia, cholera, epileptiform vertigo, chronic psoriasis, chronic eczema, especially eczema



squamosum, pemphigus, boils, malarial fevers, epithelioma, and rodent ulcer, are all stated by Professor BARTHOLOW to be either cured or greatly relieved by arsenic ! There is not a single phase of disease mentioned here in which arsenic has not been employed by homœopathic physicians ever since the early days of HAHNEMANN, not one of which the literature of homœopathy does not furnish many an illustration of its value ! But for the work accomplished by physicians, through homœopathy, this article of Professor BARTHOLOW's could not have been written ! The difference between the teaching of CHRISTISON and PEREIRA on the one hand and of BARTHOLOW on the other is summed up in the word "homœopathy" !

Of many another drug fully as much may be said. We have, then, been the means of, to a very large extent, teaching the profession how to use drugs in the treatment of disease. A very considerable proportion of the practice of the present day is a crude empirical homœopathy. The very sale of a book on *Materia Medica* is in direct proportion to the amount of homœopathy it contains, as witness the popularity of RINGER's *Therapeutics* and PHILLIP's *Materia Medica*—the chief contents of which are neither more nor less than homœopathy !

With all this evidence before us of the steady advance which our principles are making, we can see no cause for discouragement. The number of avowed homœopathists may not have largely increased, but that of actual homœopathists has been enormously added to. One reason why so comparatively few exhibit the courage of their opinions is the lukewarmness of some of ourselves. We have heard, on authority which we cannot doubt, of a homœopathic physician urging a medical student that if, at any time, he should look unto homœopathy, not to acknowledge himself a homœopathist ! When such advice as this is given,



when such cold water as this is thrown upon the investigation of homœopathy, when it is actually suggested to young men to repudiate the obligations which a knowledge of truth imposes upon them by those whose position amongst homœopathic practitioners is influential, can we wonder that the number of avowed homœopaths does not largely increase, while that of those who do in secret, what they dare not acknowledge openly, who daily deny either directly or by a studied silence the truth of that which they know to be true, is being daily added to ?

The practice of homœopathy we contend is largely on the increase ; that it is not more generally acknowledged by those who avail themselves of it, is partly due to such influence as we have indicated, and arises also from a fear of incurring the professional disabilities which meanwhile attach to it—from moral weakness, in point of fact.

Doubtless Dr. BAYES is so far right in attributing somewhat of this moral weakness to our “having neglected the public teaching of homœopathy.” That, however, we are now endeavouring to promote, and by persevering in doing so we shall assuredly improve our position greatly. But when he urges us to appeal to Parliament for a Charter to license practitioners, and to found a College with the power of granting degrees, we are thoroughly assured that he is in error.

There is no real necessity for anything of the kind. Such an Institution would throw back, rather than hasten, the time when homœopathy will be the basis of all drug therapeutics. No reform so great as that involved in the substitution of homœopathy for the therapeutics of traditional medicine, was ever brought about as rapidly as its promoters desired or thought that it ought to be. A change so thorough must necessarily be gradual in being effected. We have seen how very considerable has been



the alteration in therapeutics during the last thirty years, and that this alteration has been almost entirely in the direction of homœopathy. So much, indeed, has been accomplished, that beyond inducing our medical brethren to avail themselves still more largely of the resources we have provided, to individualise in prescribing, to test the sufficiency of smaller doses, and to recognise openly and honestly the therapeutic principle which evidently underlies so much of their practice, and the whole, or all but the whole, of ours—little really remains to be done. The same means that have enabled us to accomplish so much during the last thirty years will be found effectual for overtaking what yet remains.

To organise, as it were, a new profession, to have a special licensing board for homœopathic practitioners, would assuredly place us in that sectarian position we are even now said to occupy, would cut us off from the profession of medicine, would do more, perhaps, than anything else to arrest the progressive decay of those barriers which years ago were erected by ignorance, prejudice, and jealousy, to prevent our asserting our rightful professional position, and taking our share of those honours and emoluments which are the heritage of the profession.

It is one thing to be unjustly put in a false position, it is another deliberately to choose it. The first is remedied by time and the increase of knowledge; the second is well nigh irremediable.

If we earnestly support and faithfully serve the Institutions we have for the teaching and development of homœopathy, we believe that they will be found adequate to the task assigned to them. Steady work at the Hospital and School will have its weight. Homœopathy will be more and more generally inquired into and understood; and, being so, will be more and more practised, and more and



more taught at the hospital medical schools throughout the country, until it is universally recognised as being the basis of specific drug therapeutics. A mere sectarian college will, therefore, we think, do harm rather than good, will hinder rather than serve the progress of homœopathy.

In providing opportunities for the public teaching of our therapeutic principles, as supplementary to ordinary medical education, we are doing all that is desirable. In so doing, we are acting in no sectarian spirit; there is, herein, nothing that can wound the most susceptible of professional martinets.

We offer to teach thoroughly and scientifically that which it is notorious is only taught partially and empirically at the ordinary schools. We are extending the area of medical education in so doing, while were we, at the present stage of the history of medicine, to license men to the practice of medicine whose knowledge of therapeutics was limited to homœopathy, such persons would be in many ways inferior to the graduates of Universities and the members and licentiates of Colleges; while, as things stand at present, the member of the medical profession who has studied homœopathy is superior in medical knowledge to his professional neighbour who has paid little or no attention to it.

Finally, the scheme Dr. BAYES proposes is impracticable. It is so for the simple reason that, at a time when the whole range of medical legislation tends towards the removal of licensing power from the nineteen licensing corporations, and to place it in the hands of one body, it is eminently improbable that the Legislature will consent to add another licensing authority to those already in existence.

With the energy and determination of character which are so conspicuous in our excellent colleague, he would be



more likely, perhaps, than most men to overcome a difficulty of this kind ; but we believe that such a nut as this is one of a type too hard even for him to crack ; while we are fully persuaded that if he will “ devote such years as may yet be granted to him to promote the spread of a knowledge of homœopathic principles and practice,” by sustaining our school on its present plan, in devising means for increasing its usefulness and extending its influence, he will do far more to serve the cause he has so thoroughly at heart, and has already done so much to advance, than by fruitless endeavours to found “ a college with the power of granting degrees.”

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DIVONNE-LES-BAINS IN SPRING & AUTUMN.  
NOTES ON ITS SANATORIUM & HYDROPATHIC  
ESTABLISHMENT.

BY DR. ROTH.

DIVONNE is known to a limited number of English practitioners, and to a larger number of English visitors as a health resort in summer. In the course of this spring I wanted bodily and mental rest, and having known for several years, the resources of Divonne in summer, its advantages regarding the climate, the excellent water, the good cuisine, the suitable sanitary and therapeutic arrangements, I made enquiries regarding the temperature in the course of last March, and finding this satisfactory, I spent about a fortnight there in the last week of March and the first of April.

Having derived much benefit from my short stay there, I considered it my duty to make this place more known to a larger circle of my colleagues, being convinced that they will thus be able to advise many of their chronic patients to go in the spring and autumn to Divonne, where two physicians in the establishment are most willing to carry out the plans of those medical men who send their patients to this institution.

My notes are written for those who do not know Divonne or who believe that it ought to be visited only during the



summer, when several hundreds of patients fill the place, and a hundred, to a hundred and fifty are sent away every year for want of room, although the proprietors of this sanatorium, besides their own numerous rooms in the establishment, hire in the summer about eighty more rooms, in fact all that are available in the village.

The distance of Divonne from London is about twenty-three hours: nine and a quarter to Paris; twelve from Paris to Geneva, or half-an-hour more from Geneva to Nyon; from Nyon to Divonne per carriage about three quarters of an hour.

Dr. Paul Vidart, son of a physician in Geneva, and father of the Dr. Vidart who is now chief physician of the establishment, was a man of much genius and energy, who thirty-four years ago, in looking out for a suitable locality for a health resort and water-cure establishment, found all the conditions suitable for such a purpose in the little unknown village of Divonne, situated on the rivulet Divonne, near the Swiss frontier, at the foot of the eastern slope of the Jura, three hundred feet above the level of the Lake of Geneva, or 1,425 feet above the level of the sea.

Dr. Vidart was not satisfied with the ordinary hydropathic treatment fashionable at that period, when the patient had to live mostly on a milk diet. Believing that the loss of tissues during hydropathic treatment is very rapid and must be quickly renewed, he prescribed a liberal, substantial and nourishing diet in order to repair the losses entailed by copious perspiration and much exercise; although stimulating food and drink are excluded, there is no objection to the moderate use of wine if the case of the patient requires it. In consequence of these views of the founder of the Divonne establishment, the food there has always been of a first-class character, and I convinced myself personally that it is still kept up to this high standard.

Dr. Vidart was the author of *Etudes pratiques sur l'Hydrotherapie*, published in 1855, and of a *Manuel d'Hydrotherapie*, for the use of the visitors at Divonne, of which a second edition was published in 1868. He attached special importance to the well known propositions of Dr. Baldou, in his *Instructions pratiques sur l'Hydrotherapie* regarding the action and reaction in hydropathic treatment, which I mention here because Baldou's book is now out of print, and because many medical men and still more laymen believe that medical treatment by water is a very



simple process and can be carried out by anybody without a previous special theoretical and practical study; those who have more experience on the subject know the difficulties of applying water in its various forms, at various temperatures, in various periods of time, and how the method, temperature, and period of application depend upon the organic tone or vital power of reaction of each patient, and which, according to Baldon, must serve as the basis for the length of time during which the bath is to be used, as well as for the degree of temperature which should be chosen.

Dr. Baldon's 1st proposition is the expression of the various factors by a definite number, thus—

The vital power of reaction of an individual might be represented by	...	...	...	...	...	10
The temperature of the water by	...	...	...	...	...	10
The duration, that is the length of time during which the bath is used, by	...	...	...	...	...	10

#### 2nd proposition—

If the vital power is diminished by two degrees, it will be...	...	...	...	...	...	8
The temperature of the water must be raised by 2°, and it will be	...	...	...	...	...	12
And the duration of the bath must be shortened by 2°, and will be	...	...	...	...	...	8
Or, if the vital power is	...	...	...	...	...	8
And the temperature of the water	...	...	...	...	...	14
The duration of the bath will be	...	...	...	...	...	10
Or, the vital power being	...	...	...	...	...	8
And the temperature	...	...	...	...	...	10
The duration of the bath will be	...	...	...	...	...	6

#### 3rd proposition—

If the vital power of reaction is increased to	...	...	...	...	...	12
And the temperature of the water diminished to	...	...	...	...	...	8
The duration of the bath might be	...	...	...	...	...	12
Or the three factors can be changed as in the second proposition.						

Thus we find a direct relation between the vital power and the duration of the bath, and an inverse relation between the vital power and the temperature of the bath, or a direct relation between the vital reacting power and the duration and temperature of the bath.

The importance of Dr. Baldon's propositions is easily understood by those who know that the cure of a patient under the water treatment depends on his powers of reaction, and that the means applied must be subservient



to and dependent upon the various degrees of the vital reacting power of the patient.

In Divonne the treatment is based on these conditions, and the managing physician has, besides his own experience in treating yearly several hundred patients, the benefit of the experience of his father, with whom he was associated.

Besides the rivulet Divonne—a name derived from the Celtic *Di* and *Vonne*, meaning *springs of God*—which rushes with a loud noise through the establishment, there are three sources of the best drinking water. One of these sources is called *Emma*, in honour of the widow of the late and mother of the present doctor, a lady who for the last thirty-three years has contributed, and is still trying, to make the visitors to Divonne as comfortable as possible, to unite them in one family. It is she who, with her late husband, has transformed a hilly vineyard into a splendid park, and with the exception of two old trees, has personally superintended the plantation of all the trees, shrubs, and flowers which adorn the pleasure grounds surrounding a large building called the Villa, from which not only a great part of the valley of the Lemman with the Lake of Geneva, but also the high snow-capped chain of Mont Blanc, with the numerous hills and mountains in front of this chain, are seen to perfection as often as there is a clear day. The villa is connected by a glass-covered passage with all the other buildings of the establishment, with the warm—cold—vapour and swimming baths, with the billiard room, ladies' saloon, dining—reading—and smoking rooms, the library of 7,000 volumes, and the theatre. The founder of the establishment considered it of the greatest importance that the patients should have plenty of amusement; thus a theatrical performance is given during the season at least once a week; the visitors are both actors and public; a first class quartett is also engaged during the three months of the principal season, who give a concert five times a week, which is often prolonged by the performance of amateurs, who are frequently found among the visitors; those who are fond of dancing have also frequent opportunities of so enjoying themselves in the large saloon of the Villa.

My intention has been to say something of the three sources which rise in the grounds at the bottom of three basins, of which the largest containing about 161 square metres, is on the right bank of the rivulet, and provides



the swimming bath, into which the constantly changing water rushes in large quantities.

The second source has a surface of 117 square metres, and the third is smallest. They are surrounded by trees, and the bottom of the sources is formed of a mud consisting of very fine sand and decayed vegetable substances; the water rises in innumerable little streams, and at the rate of 60,000 litres per minute in the larger sources.

The water while rising, emits very large quantities of gas in all parts of the bottom of the sources; in the course of a few minutes, several litres of gas can be collected. As soon as the mud is disturbed by putting a stick into it, the quantity of air bubbles is considerably increased for a short time; the development of a more copious quantity of gas, which sometimes lasts for several days and which does not depend upon the variation of atmospheric pressure, cannot at present be accounted for. After heavy rains more gas is developed; the water is clear, fresh, and tastes very agreeably. Its temperature scarcely varies during the different seasons, and in November, 1861, during a frost of 3 to 4 degrees under freezing point, the water had a temperature of 6.25 Centigrade, corresponding to 42.8 Fahrenheit. If the water is left exposed to the air for a longer time in an open glass, some atoms of "glairine" are deposited. I was told that lately a sealed bottle containing the Divonne water was opened after a year, and when compared with the fresh water in another bottle, no difference in taste or appearance could be observed after both bottles had been placed in water of the same temperature.

Besides the free carbonic acid, traces of nitric and phosphoric acids, of chloride of iron, and of oxide of manganese, are found in the water.

The organic substance, found after a complete evaporation forms a yellow layer on the walls of the vessel, and consists mostly of apocrenic acid mixed with traces of crenic acid. The mud at the bottom of the sources consists of fine sand and organic substances, and has a greyish yellow colour, which is changed into red when exposed to the air for some time; the sand is a mixture of silicious particles with carbonate of lime, a small quantity of carbonate of magnesium, and oxide of iron; the organic parts of the mud—treated with potash—contain a large quantity of



apocrenic acid and nitrogenised "glairine," which is insoluble in water, while it is very easily soluble in alcohol.

THE QUANTITATIVE ANALYSIS OF THE GAS WHICH ESCAPES PER 1,000 PARTS, IS—

Carbonic acid	...	...	...	...	28
Oxygen	...	...	...	...	162.5
Nitrogen	...	...	...	...	809.5
					<hr/>
					1000.0

1,000 GRAMMES OF WATER CONTAIN THE FOLLOWING—

1. *Dissolved Gases.*

Carbonic acid	...	...	...	...	traces
Oxygen	...	one cubic centimetre	=	0,001482	
Nitrogen	...	5 cubic centimetres	=	0,006889	
					<hr/>
					0,007771

2. *Dissolved Salts.*

Bicarbonate of lime	...	...	...	0,225560
„ of magnesia	...	...	...	0,021590
Phosphate of lime	}	...	...	traces
Nitrate of lime				
Chloride of potassium	...	...	...	0,000670
Chloride of sodium	...	...	...	0,000687
Silica	...	...	...	0,001965
Alumina	}	...	...	0,008395
Oxide of iron				
Oxide of manganese				

3. *Dissolved Organic Substances.*

Glairine	...	...	...	...	0,001860
Crenic acid	...	...	...	...	traces
Apocrenic acid	...	...	...	...	0,019040

As exercise is absolutely necessary in order to produce the desired reaction after the bath, the patients walk during a rainy day in the glass-covered passages or visit the gymnasium, which has lately been re-built, where a teacher of gymnastics and fencing is engaged in giving a course of systematised gymnastics to men and women, young and adult patients; manipulations are used for those who are unable to take any other exercise, or when specially prescribed by the physician. Long walks are not only taken in the park of the establishment but also the villages in the neighbourhood, and to the Mont de Mussy which belongs to the Jura range, to the beautiful source of the



Divonne, which is in the immediate neighbourhood of the establishment, and where towards the end of last March I saw the ground covered with beautiful primroses, anemones, and *pervenches* (blue periwinkles), with their pretty leaves; the whole looked like a large carpet. Similar natural carpets I have seen in other parts of the neighbourhood of Divonne. Longer pedestrian excursions or drives are made to Geneva. Nyon, Coppet, Gex and other places of interest. In all directions the scenery is very fine, and at every slight ascent, the Lake of Geneva with the mountains that encircle it, and the ever admired chain of Mont Blanc add to the beauty of the landscape.

As I write for my colleagues I must add that besides the usual local and general applications of cold water, there are special rooms for all kinds of douches of every power, and an apparatus for aqua-puncture, where a very small streamlet of water under the pressure of 5 to 7 atmospheres is applied, especially in lumbago, sciatica and other chronic neuralgic affections. Several years ago, when calling on old Matthieu, the well known instrument-maker at Paris, in order to enquire into the latest surgical and orthopædic instruments, he showed me a kind of small pump used for aqua-puncture. This term is used to express the making of a puncture in the skin by a thread of water under a high pressure. As I was desirous of knowing the effects of this operation, the back of my hand was submitted to a single puncture made in less than half a second; immediately afterwards I felt a pricking burning pain, and observed the skin raised to a small cone, at the top of which was a very small hole caused by the passage of the thread of water; the swelling and slight burning pain lasted for several days, and more than a fortnight passed before the pierced place was perfectly healed and smooth. A French physician has written a pamphlet on the aqua-puncture, which is a perfect substitute for the old acu-puncture, the operation with the needle which has been used as a revulsion in many chronic pains. With the instrument in Divonne, several punctures can be made at the same time, either in a longitudinal or transverse direction. Russian—hot air—electric baths, hot air with turpentine or tar vapour, hydroferous baths with any medicinal substance, and in special cases ferruginous alkaline or sulphurous baths are also employed. Whey, goat's and ass's milk, as well as the grape cure, are comprised in the means used in the establishment. Fishing



and shooting in the neighbourhood are free, and those fond of grand and extensive views can satisfy their wishes by a visit to the Faucille, to Mont Dole, or the top of Mont Mussey.

At the head of the administration of the establishment is Mr. A. Vidart, the highly respected Mayor of Divonne, who devotes much time and work to this honorary office, thus contributing to the well-being of the whole community. There is a Protestant, as well as a Catholic, church, a telegraph and post office, while letters are delivered and sent away twice daily, a post omnibus runs twice daily to Nyon, the nearest railway station, which is only at half-an-hour's railway distance from Geneva; the terms are moderate and prospectuses can be had by applying to the manager.

During my short stay, I made some very nice excursions to Prangins, the villa of Prince Napoleon, on the Lake of Geneva; a visit to the house and grounds is permitted by tickets from the agent at Nyon. From the terrace the view is splendid; although I went to Coppall I had no time to visit the chateau where Madame de Staël lived. Near Nyon I visited *La Métairie*, a private asylum for the insane, built by a society in extensive grounds surrounding the principal building. Dr. Rist, the present physician, was so kind as to show me all the arrangements for the comfort of the patients, who, under his own and his wife's superintendence, live as members of the family. The doctor speaks also English, and having travelled for the purpose of seeing all belonging to his speciality, I found all the latest improvements used in the treatment of the mentally afflicted, including baths and gymnastics; the scientific application of movements for the treatment of certain forms of insanity has not yet been introduced here.

These notes are already more copious than I intended, but I wish particularly to mention to my colleagues what a suitable place Divonne is, in spring and autumn for many chronic diseases. It struck me as an excellent place for dipsomaniacs of both sexes, because all the officials of the establishment contribute in such a case to prevent patients from indulging in their favourite passions. Hypochondriacs, if the disease is not too inveterate, or caused by abdominal complaints, all kinds of chronic, rheumatic, arthritic, and neuralgic, hysterical, chlorotic, catarrhal complaints, diseases of the uropathic



system, scrofula, varices, secondary and tertiary syphilitic affections, and various uterine diseases, can safely be sent to Divonne in the spring and autumn.

Chest complaints of any kind should only be sent there during the summer.

Those interested in the history of Divonne and its neighbourhood (which belongs to the free zone, that is, they pay no excise duties for tobacco, spirits, &c.), will find information in *Lettres Historiques sur Divonne, et le Pays de Gex*, par A. Arène, 1868.

I hope that this paper may induce some of my colleagues to visit Divonne, and to confirm my statements; in this case I do not doubt that their patients will also benefit by their visit, and I shall be sufficiently repaid for the agreeable task I have undertaken of making these notes.

48, Wimpole Street, London, W.,  
April, 1880.

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## ANSWERS TO CONTINUED OBJECTIONS.

By WILLIAM SHARP, M.D., F.R.S.

“What we can we will be,  
Honest Englishmen,  
Do the work that's nearest,  
Though it's dull at times.  
Helping, when we meet them,  
Lame dogs over stiles.”—CHARLES KINGSLEY.

### *The Action of Drugs in Health.*

ADDISON, after being engaged for a week in writing exquisite papers on the different kinds of wit, begins his next *Spectator* with an observation the truth of which I am now feeling in all its force. “It is very hard,” he says, “for the mind to disengage itself from a subject in which it has been long employed. The thoughts will be rising of themselves from time to time, though we give them no encouragement, as the tossings and fluctuations of the sea continue several hours after the winds are laid.”

The action of drugs has been a subject occupying my mind for many years, and I find it impossible to avoid fresh thoughts in connection with it presenting themselves from day to day even now, when I would fain leave it to younger heads.



No sooner had the last tract, "Answers to Recent Objections," appeared in print, than several additional objections rose up, like fresh clouds in a recently cleared sky, demanding my attention. They were floating about in my imagination, and were beginning to marshal themselves into order, when, by the arrival of a letter, they were suddenly made substantial, and brought down into the colder air of practical life.

The letter seemed to deserve the most thoughtful consideration which could be given it, and I wrote to its author, asking his leave to publish it, with what answer I could make. This leave was immediately and very kindly given me in these words: "I should be quite willing that you should print my letter (stating, of course, that it was not written for publication), with your comments."

The letter is as follows:—

"College Villa, Brighton,  
"March 3rd, 1880.

"My dear Dr. Sharp,—I have had the two pamphlets you were kind enough to send me, and your letter, lying by me for some time, without my being able to secure leisure for their due acknowledgment.

"I had, of course, read the two papers now reprinted on their original appearance, with the interest which always attaches to writings so clear and thoughtful as yours, but with the inevitable dissent which arises in my mind whenever you restate what seems to me an erroneous position. I have (as you know) frequently discussed the questions between us in print; but as you invite comment on your present publications, I will briefly put down my objections.

"You maintain that the action of all drugs is resolvable into a pair of antinomies—one or the other being producible according as the dose is on the hither or further side of a certain limit of magnitude; and you have supported your thesis by certain experiments with a few drugs. I have analysed these last, with the result of finding but a small proportion of them of any real value as evidence for the doctrine. But, taking a wider view of this on its own merits, I have recognised that it has a certain limited range of truth. It fairly expresses the action (or a portion of the action) of those—chiefly vegetable—drugs which disturb the functional operations of the body without



altering the organic substance. Such operations must have a *plus* and *minus*. It is the law of stimulation that a moderate exertion of this power calls forth, temporarily, an increased manifestation of functional energy; while, if it be excessive, it at once exhausts and paralyses. I quite believe, therefore, that all drugs which are functional stimuli depress in large doses, while they excite in small ones, and to this extent I can admit the truth of 'antipraxy.' There is, moreover, a certain degree of their operation in which they cause excitement at first and depression afterwards. This is one of the features of drug-action which has led to the doctrine of primary and secondary effects of medicines—a doctrine whose claims to universality I must reject with your own, but which also I recognise as true within corresponding limits. On the first announcement of your theory in 1873, I pointed out in the *British Journal* that your facts belonged to the same class as those which had suggested the notion of primary and secondary actions: and your subsequent recognition of the double effect of certain intermediate doses links your view with that.

"But now, as functional stimulation and depression constitute only a limited portion of either disease or drug-action, I am quite unable to accept 'antipraxy' as a general law, or as *the* explanation of the operation of remedies selected according to the law of similars. It may be *an* explanation of the operation of some: I think it is, for instance, of the power of *camphor* over cholera,—but I can go no farther. Thinking thus, you can understand how little I can assent to your 'limits of homœopathy.' To your restriction of the principle to drugs, I must object that any other stimulation presents the same phenomena: that of electricity, for instance, paralyses when violent, excites when moderate, and is being studied and used accordingly by American homœopaths—as in Butler's book reviewed in last *British Journal*. To your limitation of homœopathy to "certain larger doses of each drug" I must strongly object, as suicidal and self-condemnatory. It excludes nearly all Hahnemann's provings as useless for homœopathic purposes; since these were made with your smaller range of dose, just that they might develop only those finer actions of a drug which are (ordinarily) opposite to its more violent effects. Your correlative disallowance of all cures made with the larger doses, as non-homœo-



pathic is equally destructive on the other side. I claim, and we have always claimed, every cure made by a similarly-acting medicine as homœopathic, whatever the dose in which either pathogenetic or remedial action is obtained. Instead of limiting homœopathy by antipraxy, I maintain that the results of homœopathy show the limitation of antipraxy.

“A word about ‘organopathy.’ I think that, although the elective action of drugs on organs is a familiar thought, and has been systematised by Paracelsus and Rademacher, you have led the way in fixing it as a part of the philosophy of homœopathy. I remember, indeed, its being one of my own earliest thoughts in connexion with the new method; but I do not think I read of its application thereto till your essays on the subject appeared. You are, of course, also justified in arguing that ‘organopathy’ is no part of the *name* ‘homœopathy,’ as it deals with an *ὅλον*, not an *ἑρμῶς*. But I maintain that it is a part of *the thing*. Why should we seek for correspondences between the totality of the symptoms of drug and disease, but to secure that every part involved in the latter should be embraced within the specific action of the former? True homœopathy, therefore, includes organopathy; and it has a much wider range. It applies to those numerous cases in which we cannot certainly tell what organ is affected. You may think the liver at fault in diabetes, and give *chamomilla* or *myrica*, with advantage in some cases; but in others it may be that the medulla oblongata is the real seat of the mischief, and here a mere liver remedy will be inert. I agree with you in attaching much greater importance to the pathological seat than Hahnemann did, and the rigid Hahnemannians do; and a good prescription may very often be based on its recognition, when drug-action has been similarly studied (as always in my *Pharmacodynamics*). But it seems to me to fall far short of genuine homœopathy.

“You may have seen in my Malvern address how heartily I acknowledge the value of your theory as affording a common ground on which men of both schools may practice homœopathy. Practically, therefore, I should be unwilling to cast any disparagement upon it; but I am unable to accept it as philosophically true.

“Pardon me if, in necessary brevity, I have spoken too positively. I am only summing up what I have more than



once set forth with full argument; and always (I trust), as now, with the courtesy and respect due to so honoured an antagonist as yourself.

“ Believe me, dear Dr. Sharp,

“ Yours most faithfully,

“ RICHARD HUGHES.”

This letter is so well written that there is no need for the apology which the writer of it asks me to make for him, that it was not written for publication. It is so clear that there can be little danger of misunderstanding it; and it has so much force and consistency that it will carry many minds along with it. It would be very pleasant to me if I could say that I can agree with it; but, alas! much of it seems to me to be very wrong; and it will be my desire as well as my duty to try to change the manner in which Dr. Hughes looks at this. I hope to do so in a spirit which will make him think me, not his antagonist, but, as he kindly calls me, his friend. The lectures and papers to which he refers, and the proof sheets of one which he has sent me to read, are thus added to the letter, and will necessarily form part of the record.

It is gratifying to find that Dr. Hughes now assents to much that a few years ago he objected to, and it may be hoped, that, ere long, he will assent to the remainder. To make the points on which we yet differ the more plain, and, if possible, to extinguish the difference between us, the most important of them shall be taken one by one.

### 1.—*Theory and Fact.*

An apology may seem to be required for again referring to this subject, but it is surprising to see the distinction between theory and fact so much overlooked or forgotten. Dr. Hughes, in his letter, speaks of my “theory,” and in his address at Malvern (1879) says, “Dr. Sharp has elaborated a theory.” I hope not. Suffer me, therefore, once more to ask attention to the difference between theory and fact.

There are two words, hypothesis and theory, respecting which many attempts have been made to give them separate meanings, but without success, and they are habitually used synonymously, or nearly so, the difference being only one of degree. The English word for these is *guess*; hypothesis and theory are guesses; theory claiming a greater



probability in its favour than hypothesis. There are two kinds of guesses. One kind is a guess (hypothesis or theory) as to the way in which new facts may be discovered. The discovery of facts by observation and experiment is the path to truth and knowledge, and a guess of this kind (called a working hypothesis or theory) often helps in this, which is the legitimate use of theory. The other kind of guess consists of explanatory hypotheses or theories as to the *causes* of facts, and the manner in which they are brought about—the *modus operandi*. It is a by-path to fairy dream-land and fatal illusion. This is the abuse of theory. It is the kind of hypothesis which Sir Isaac Newton so strongly condemns at the close of his *Principia*. This kind of speculation is the greatest of all the impediments to the advancement of medical knowledge. It impedes all knowledge. How it clings to the mind may be seen in the popular romance of Mr. Charles Darwin. It is like the ivy which is allowed to climb up trees, and which stunts the growth, shortens the life, and greatly diminishes the value of the greater part of the timber of England.

Facts, also, are of two kinds—individual and general. For example: *opium* is a substance which, when taken by a person in health, acts hurtfully in every dose which acts at all—this is an individual fact. *Arsenic* is another substance which also acts injuriously in health in all doses which have any action—this is an individual fact. In like manner, a large number of substances are found, by observation and experiment, to do harm to a healthy man, when any effect follows on their being taken in any dose or quantity. All these are individual facts. When to all these substances the name of *drug* is given, it is true to say that drugs act injuriously in health in all doses which have any perceptible action. This is a general fact; and it is important to remember that a substance which, when taken in health, is hurtful in some quantities, but beneficial in others (like alcohol), is *not a drug*.

Facts, whether individual or general, admit of proof; and, when proved, do not solicit acceptance, but demand assent. Theories admit of arguments for and against them, but they cannot be proved. They may be accepted or adopted by those who like speculation, but they cannot demand our assent.

Notwithstanding the obvious plainness of these sentences, the love of guessing is so great, they will not be



listened to. In a discourse by a talented teacher lately delivered, we find the following words: "When the motions of the planets became known from observation, a theory of gravitation was necessarily formed to explain them, because it is impossible to view any large series of facts without some theory or mode of combining them." It seems to me that there are here three great mistakes: (1) That it is impossible to view facts without some theory. It is quite possible to view them as individual facts, and to acknowledge our ignorance of their causes and connections. (2) Some theory or mode of combining them. At the best this must be merely a guess of which we have no proof, which, unless it simply stimulates to further observation and experiment, makes us take ignorance for knowledge. (3) The true way is hidden, for this is to try to find out—not a mode of combining facts, but—the mode in which they are combined. A working theory may aid in this search. When the mode is found, we have attained the knowledge of a general fact; and the theory, like the scaffold to a new building, should be taken away.

Here is another example of the love of guessing, and of the extent to which it is preferred to real knowledge: "I am aware that many dislike theories, but the nature of things is opposed to this sentiment, and we must perforce adopt one or another. Theories cannot be dispensed with in matters of science; we cannot get on without them. "Facts are only facts!"\* Notwithstanding that facts are only facts, they are immeasurably better than any explanatory theories. Such theories are motes floating before our eyes, which we foolishly mistake for real objects. They are screens which we eagerly lay hold of to hide ignorance, but which really hide knowledge from us. A single individual fact is real knowledge, and is of some value; a general fact is scientific knowledge, and may be of incalculable worth to mankind.

## 2.—*The Law of Stimulation.*

"It is the law of stimulation that a moderate exertion of this power calls forth, temporarily, an increased manifestation of functional energy; while if it be excessive, it at once exhausts and paralyses. I quite believe, therefore, that all

\* On the action of drugs, by Dr. Frédault, *l'Art Médical*, 1879. *British Journal of Homœopathy*, 1880.



drugs which are functional stimuli depress in large doses, while they excite in small ones."—*Letter*.

This "law of stimulation" is a favourite notion just now, but whatever else it may govern, it does not govern the action of drugs. This will surprise Dr. Hughes and those (and they are many) who agree with him; but let us observe, try experiments, and think. It will be remembered that the expression "law of nature" is synonymous with "general fact;" and also that in the definition of "drugs" in this and in former essays, *alcohol* is excluded, as not possessing the character of a drug. Now let us listen:—

Excitement, and depression, are words used to express facts. Stimulation, and the law of stimulation, are words used to explain these facts. If it can be proved that they express a general fact belonging to the action of drugs, they are true science. If not, they are not only a theory, but a false one, for they express what is not true; and in this case the sooner they are discarded the better will it be for therapeutics.

Now, this supposed law of stimulation has been simply taken for granted, and has not been, and I think cannot be proved to be a general fact; on the contrary, it is plainly disproved by many individual facts, two or three of which must suffice here as examples:—

*Belladonna*, in certain large doses, dilates the pupil; and in certain small doses, contracts it. *Calabar bean*, in certain large doses, contracts the pupil; and in certain small doses, dilates it. The law of stimulation says that "all drugs which are functional stimuli depress in large doses, while they excite in small ones." To which of these—to the belladonna or to the Calabar bean—is this law to be applied? There is a flat contradiction to it by one of them. *Opium*, in certain large doses, constipates the bowels; and in certain small doses, relaxes them. *Castor oil*, in certain large doses, relaxes the bowels; and in certain small doses, constipates them. Which of these—the opium or the castor oil—is governed by the law of stimulation? There is again a flat contradiction to it by one of them. *Mercury*, in certain large doses, suppresses the secretion of bile; and in certain small doses, increases that secretion. *Podophyllum* seems to me to act in the reverse manner. If so, one or the other of these must contradict the law of stimulation.



Other contradictions like these will be met with by those who are willing to try experiments upon themselves ; but these examples are more than sufficient to prove that the so-called "law of stimulants" is no law at all for drugs. It is not a general fact. It is a mistaken hypothesis, very hurtful and misleading. It is like darnel among wheat, a "pestilent enemy," which must be rooted out. When this is done, other noxious weeds, in the form of similarly hasty assumptions, which have grown up with it, will disappear. Let it not be forgotten that a general fact with *one* exception is a contradiction in terms. If Dr. Hughes would follow the advice I pressed upon him six years ago, and test a few drugs on his own person, he would find that the law of stimulation, as expressed by him, does not exist.

### 3.—*The Law of Similars. Homœopathy.*

"I claim, and we have always claimed, every cure made by a similarly acting medicine as homœopathic, *whatever the dose*, in which either pathogenetic or remedial action is obtained."—*Letter.*

This is the standard which was raised by Samuel Hahnemann in 1796, and which has, ever since, been called by his followers the standard of reform, and by his opponents the standard of revolt.

For many years this statement has seemed to me too vague and indefinite to admit of being received as scientific truth ; and it has been my earnest endeavour to discover, if it could be discovered, a view of the facts by which the demands of truth may be more distinctly satisfied. This search has been stimulated by a threefold impulse—by the ordinary love of truth which exists in human nature ; by a strong desire to relieve the sick to the utmost of my power ; and by the hope that the discovery may result in the final reconciliation of contending medical parties. Then, at length, all the members of the medical profession may stand, shoulder to shoulder, in their struggle to minister to the relief of their suffering fellow-creatures.

It has appeared to me that this undefined view of the law of similars presented to us by Hahnemann, and contended for by Dr. Hughes—so undefined as to be unlimited—is inconsistent with exact notions, and is contradicted by facts ; while the standard of the opposite party—the law of contraries—though their view of it may be erroneous, is not destitute of a true foundation. The law of similars is not



like the supposed law of stimulation, a mischievous conceit to be eradicated from the mind as dandelion is rooted out by the agriculturist from his cornfield; but a confused problem, to be separated into its elements, like the "pudding stone" of the mineralogist, which must be disintegrated that its ingredients may be discovered and separated, and each be ticketed and arranged in its own place.

There is a necessity, first of all, to eliminate from this problem in every case of sickness, and in every experiment with drugs in health, the question of the seat of the disease, and the seat of the action of the drug. In this manner the enquiry becomes limited to the *kind* of morbid action going on both in the patient and in the prover of the drug; and this enquiry is not complete till it has included the study of the effects of each drug *in its different doses*. The result of this proceeding is the clear view of two important truths, which show, when taken together, what drug is the best remedy to be found in each case of sickness: namely, first, the sameness of its seat of action and that of the disease; and, second, the similarity of its kind of action in its larger doses, and the contrariety of its actions in its smaller doses. This resemblance is the law of similars, and this opposition is the law of contraries.

Let us take one of the best known drugs for an illustration—*opium*. When taken in health this causes both constipation and relaxation of the bowels. A physician gives it in a case of diarrhoea, and the patient is apparently cured. Another physician gives it in a case of constipation, and the patient is cured. Dr. Hughes claims both these as "homœopathic" cures. Surely, to write in this manner is to excite a smile. Can a thoughtful profession accept such an assumption, or admit such a claim? The two cases belong to opposite systems of therapeutics. In the first case large doses of opium were given as an astringent to check the diarrhoea by opposite action, and with some success, for the diarrhoea ceased, though the condition of which it was an effect perhaps remained uncured. In the second case small doses were given by a homœopathist. Again, though the drug given by both was the same, the doses belong to opposite modes of action; the larger doses confining the bowels in health, and the smaller relaxing them. How can the two cases be classed together? Not with any reason or propriety; but if *forced* into one



category, both are examples of the law of contraries, and not of the law of similars.

Dr. Hughes writes further:—"To your limitation of homœopathy to 'certain larger doses of each drug' I must strongly object, as suicidal and self-condemnatory. It excludes nearly all Hahnemann's provings as useless for homœopathic purposes."

Not quite so bad as this. Hahnemann's provings are useful, but very much less so than they would have been had he given them as they were made—each proving separately—describing it as a case of illness caused by a drug, and always telling us the dose. This not having been done by Hahnemann, remains to be done by others; and nothing would be more admirable than for Dr. Hughes to set the example, by giving us some provings reported as Hahnemann's should have been, but were not. It is certain that the medical profession will never accept the provings of Hahnemann as he has presented them in his *Materia Medica Pura* and *Chronic Diseases*. If this judgment is pronounced self-condemnatory and suicidal, let us reply:—

"What we can we will be—  
Honest Englishmen."

#### 4.—*The Law of Local Action. Organopathy.*

"You are, of course, justified in arguing that 'organopathy' is no part of *the name* 'homœopathy,' as it deals with an ὅμων, and not an ὅμοιον. But I maintain that it is part of *the thing*."—*Letter*.

I always rejoice to find an opponent agreeing with me, and here it is allowed that organopathy (which means local action, the seat of disease and of drug-action, and the one seat the same as the other) is not included in the name homœopathy. But though it is admitted that similar does not mean the same, and so organopathy cannot be included in the name, yet it is a part of the thing. What thing? The thing homœopathy. Then the *thing* homœopathy is to be distinguished from the *name* homœopathy. Is this clear reasoning? Has it the exactitude demanded by Dr. Hughes in order to be "philosophically true?"

Organopathy means that the seat of the disease and the seat of the curative action of the drug must be the same; this, certainly, is *the thing*—the seat of the two actions must be, not similar, but the same. How can this fact be



included in a word which Hahnemann, the first user of the word, took so much pains to prove did not, and must not, mean the same, but similar only? Dr. Hughes argues thus:—"Why should we seek for correspondence between the 'totality of the symptoms' of drug and disease but to secure that every part involved in the latter should be embraced within the specific action of the former? True homœopathy, therefore, includes organopathy, and it has a much wider range. It applies to those numerous cases in which we cannot certainly tell what organ is affected." That is, Hahnemann's method met a difficulty arising from the condition of pathology existing in his time; and it was probably the best thing which could then be done. But a century of unwearied pathological work has not been in vain, and to use language now which may have been becoming then, is to speak without propriety. No doubt there still are uncertainties remaining, but these are to be removed, not by confounding things and contradicting names, but by taking more pains to distinguish things which differ, and to give them appropriate names. Local action, the seat of disease and the seat of drug action is true; and is, to a certain extent, known; it is to become better known; it is to be a department of medical study of its own; it is to be separated from other departments with which it has hitherto been confounded; and it is to have a suitable name of its own.

This, I think, is enough. We began by agreeing that organopathy is not in the name homœopathy, and we conclude by agreeing "in attaching much greater importance to the pathological seat than Hahnemann did."—(*Letter.*) This pathological seat is "the thing;" and, assuredly, Dr. Hughes will not object to the thing having a name.

The case of homœopathy is the common one of an object first seen at a distance, and taken for a single or uniform body; but which, on closer acquaintance, is found to consist of distinct parts. The astronomer takes a star to be single, which, by using his telescope, he sees to be double. The chemist calls a new substance an element which, on more careful analysis, he finds to be a compound. The artist sees a figure in the distance, and thinks it a statue only, but on approaching it he finds that the statue stands upon a pedestal. A nut is cracked with the expectation of finding one kernel, and there are two. If Dr. Hughes has hitherto looked at homœopathy as a single star, he need



not be surprised nor disconcerted if he now sees it to be a double one ; or a compound, when he thought it elementary ; or a statue, not self-supporting, but standing on a pedestal ; or, to be more homely, if he has cracked a nut, and has discovered two kernels when he expected to find only one.

5.—*The Law of Contrary Action. Antipraxy.*

“I have recognised that it (antipraxy) has a certain limited range of truth.”—*Letter.*

Here, again, I rejoice that Dr. Hughes can accompany me some distance on the road, and I cannot but be sanguine as to having the pleasure of his company to the end of it.

It will be remembered that the individual facts of antipraxy are these :—Some drugs act in health in the seat of their action, in larger doses in a fixed direction, and in smaller doses in the contrary direction. The word antipraxy expresses the conviction that this series of individual facts is sufficiently numerous to render the application of the law of continuance or uniformity legitimate, and to justify, by the process of induction, the acknowledgment of a general fact or law, which not only embraces all these known instances, but will also embrace all future instances which, from time to time, shall become known, so that all drugs shall be found to be governed by it.

Dr. Hughes recognises that the expression has a certain range of truth. In his address at Malvern (1879), he says :—“Dr. Sharp has elaborated a theory of homœopathy which, though it seems to me insufficient to embrace *all* the facts of the case, is doubtless true as far as it goes ; and is so clear, intelligible, and credible, that it bids fair to secure an admission for our law among many who have hitherto rejected it as absurd.” What remains, therefore, of difference between us is the extent of this range, and whether there is sufficient proof of a general fact or law. We both admit some individual facts to be true ; are these to be regarded as only so many empirical facts ? or are they examples of a known law ? It will be acknowledged that, *à priori*, all scientific experience leads to the conviction that a law, known or unknown, exists, of which they are examples ; is the law in this case known or unknown ?

At present Dr. Hughes is “quite unable to accept antipraxy as a general law, or *the* explanation of the operation of remedies selected according to the law of similars.”



His objections are three ; we will look at each of them with attention.

6.—*The basis of Antipraxy is said to be too narrow.*

“ You have supported your thesis by certain experiments with a few drugs.”—*Letter.*

This remark suggests the question how many individual facts may be considered sufficient in such a case as this, to encourage the conclusion not only that they are examples of a law, but that the law may be known from them ? Dr. Hughes will not object to homœopathy itself being taken as a case in point ; let us, then, ask how many individual facts led Hahnemann to the discovery and to the assertion of the law of similars ? Dr. Dudgeon begins his seventh lecture with this sentence :—

“ Hahnemann having, by his simple and rational experiment with cinchona bark in 1790, conclusively established the great therapeutic law, that to cure diseases medicines must be used which possess the power of exciting similar diseases, at once perceived,” &c.

Here we have the law of similars not only suggested to Hahnemann's mind as a working hypothesis, but *conclusively established* by one experiment with one drug upon himself. How, then, can Dr. Hughes hesitate to receive the law of antipraxy, resting as it does upon numerous experiments with several drugs and made by other provers besides myself ? It seems to have occurred to Hahnemann, from his proving of cinchona on himself, that there was a similarity between its effects and those of the disease (ague) for which it is given as a remedy, and he at once propounded the law of homœopathy, that like is cured by like ; and this hasty recognition and announcement account for the vagueness of the vision. I had experimented with several drugs in small doses, before the contrary effects of these smaller doses to those of larger doses of the same drug was observed, and so had a much wider range of facts than Hahnemann had, before I ventured to propound antipraxy as a law, and to assert that diseases are cured by their contraries. Dr. Hughes counts the number of the drugs with which experiments are reported as seventeen.\* Backed by Dr. Dudgeon, I may assert that this is more than sufficient to prove that antipraxy is a general fact or law ;

\* *Monthly Homœopathic Review*, vol. xxi., p. 212.



until, in the language of William Harvey, by contrary experiments, not by argumentation, it can be proved to be false.

7.—*Antipraxy is said to be restricted to Vegetables.*

“It (antipraxy) fairly expresses the action (or a portion of the action) of those—chiefly vegetable—drugs.”—*Letter.*

This is his second objection to antipraxy as a law, while he again admits the truth of individual facts which are examples of it.

“Chiefly vegetables”—what an indignity put upon vegetables, which, for two thousand years, supplied nearly all the medicines which the medical profession sought or desired! But if they are so little trustworthy for experiments in therapeutics, how is it that Hahnemann has been allowed to make so much of the experiment with cinchona? *That* is a vegetable! Could any one do better than follow the example of Hahnemann? But let us look at the facts. Dr. Hughes has collected from my tracts the following list of drugs experimented with, more or less, in their smaller doses, and from the results of which experiments antipraxy stared me in the face:—

VEGETABLES.

Aconite  
Bovista  
Belladonna  
Chamomilla

Digitalis  
Oleander  
Opium  
Spigelia

Veratrum  
Castor oil  
Myrica  
Physostigma

MINERALS.

Lead  
Mercury

Oxalic acid  
Phosphorus

Tartar emetic.

Twelve vegetables and five minerals. These are proportions which will be found not to differ materially from the proportions of the vegetables and minerals which constitute the modern *Materia Medica* of both the old and the new schools.

Dr. Hughes thinks that the contrary action of different doses can apply only to vegetables, for that minerals (three of which are specified, arsenic, mercury, and lead as examples) have only one continued action; “so that only, perhaps, half of the disorders we have to treat can be subject to this law.” If he will try experiments with these



or any other minerals, he will find no difficulty in dismissing this notion.

“Do the work that’s nearest,  
Though it’s dull at times!”

8.—*Antipraxy is said to be restricted to Disorders of Function.*

“——drugs which disturb the functional operations of the body without altering the organic substance . . . Such operations must have a *plus* and *minus*.”—*Letter*.

To me, antipraxy—the contrary action of larger and smaller doses of all drugs in health—is a general fact, resting for its proof on the evidence of individual facts; these individual facts having been learned by experiments in health with small doses of drugs. Whether such a fact is possible, or how it is caused or brought about, I have not enquired. It is sufficient for me that it exists. Dr. Hughes has not experimented, but he has criticised my experiments,\* and has tried to reason on their possibility, and on their *modus operandi*; in this treading in the steps of the old objectors to homœopathy. His criticisms on my experiments are, begging his pardon, scarcely deserving of reply: *e.g.*, he dismisses them as “susceptible of another explanation;” and on the action of *belladonna* and *physostigma* on the pupil, he enters into an elaborate description of the “four possible factors,” which determine the size of this aperture. It must be obvious to all readers that antipraxy is not an explanation, but a fact. *Belladonna* dilates the pupil in a larger dose, and contracts it in a smaller one. *Calabar bean* (*physostigma*) contracts the pupil in a larger dose, and dilates it in a smaller one; these two drugs acting in the reverse direction, the one to the other. Are these explanations? Are they not facts? Can any explanation make them not facts? The “four possible factors” are, no doubt, very brave doers, but they cannot do this. Again, Dr. Hughes says, “there is no necessary opposition between diarrhœa and constipation.” No: but there is between the diarrhœa and constipation caused by different doses of the same drug; between larger and smaller doses of *opium* or of *castor oil*. Such criticisms are frivolous.

Let me now notice his reasonings on this third objection, by which, not wishing to deny antipraxy altogether, he

\* *Monthly Homœopathic Review*, vol. xxi., pp. 205-221.



seeks to limit it to disorders of function. Dr. Hughes presses this objection in various forms, and with all the force of his ability. He says,\* “I would divide drugs in their influence on protoplasm—in other words, their dynamic operation—into two classes, those which affect its performance of function, and those which disorder its nutritive processes.” Antipraxy is allowed to “drugs which disturb the functional operation of the body . . . . Such operations must have a *plus* and a *minus*.” “So that although the *antipathic* cure of functional excess or defect is *easier of conception*, and perhaps *more in accordance with fact than the homœopathic*, I do not think that we are therefore justified in inferring that all or even the greater part of apparent homœopathy is real antipathy. I think Dr. Sharp will find that he has not yet touched the subject of nutritive as distinct from functional disorder.” “*Aut simile aut nihil*.”

It is now my task to endeavour to convince Dr. Hughes that all these weighty arguments may be safely abandoned, and that he may accept and henceforward defend and illustrate the law of antipraxy as the true form and the full extent of scientific homœopathy. The arguments on which I shall rely to produce this conviction will all be derived from Dr. Hughes himself.

Let us hear what he has further to say on this great subject—on nutritive as distinct from functional disorder; on the division of drugs into two classes, one affecting function, the other nutrition; and on his accepting the law of antipraxy for the one, and denying it for the other. In the lecture last referred to Dr. Hughes says (he will forgive some abridgment as unavoidable):—

“The basis of all our knowledge (of drug-action) must be the science of physiology. . . First of all I conceive it must be postulated that this organism of ours is not alive throughout and in every part. . . I think there can be no doubt of the substantial truth (of ‘the protoplasmic theory of life’)+ . . Now this protoplasm, as it is the only vital substance, so it does all the vital work of the organism. . . It is the formative agent of all the tissues. . . the whole process of *nutrition*. . . is the work of protoplasm. No less is *secretion* performed by it. Secretion is but nutrition under altered conditions. It

\* *Monthly Homœopathic Review*, vol. xxi., pp. 273-288.

† Dr. Drysdale.



is merely that the matter appropriated by the glandular cells is formed into bile, saliva, and so forth, instead of into bone, and muscle, and skin. The process is the same, and the proceeder is the same—the everywhere present, everywhere active protoplasm. . . . It is easy to conceive of it (secretion) as having a *plus* and a *minus* of its own. . . . And as protoplasm is the agent of *nutrition* and *secretion*, so it is the seat of vital *function*. It is this which, in the gray substance of the nervous centres, enables us to think and feel, which receives impressions and conveys volitions. It is this, in all probability, which contracts in the muscles. Wherever we have living action—action impossible to the same body when dead and unknown in the extra-vital world—there we have protoplasm at work. . . . Pathology is physiology altered by the causes of disease; pathogenesis is physiology altered by drugs. . . . As most if not all maladies . . . are disorders of vital processes—alterations in nutrition, secretion, or function—protoplasm must be the seat of these also. . . . Drugs act upon protoplasm.”

Here, I think, we have all that is necessary. Vital operations are threefold—nutrition, secretion, and function—all are the work of protoplasm, and drugs act upon protoplasm. That antipraxy applies to the work he calls function, Dr. Hughes has granted. That secretion is a function and has a *plus* and *minus*, he here teaches; and so secretion must be subject to the antipractic action of drugs; (as a fact it certainly is). Only nutrition remains; now, if secretion is but nutrition under altered conditions, then, *vice versa*, nutrition is but secretion under altered conditions; it is merely that the matter appropriated by the glandular cells is formed by them into bone, and muscle, and skin, instead of into bile, saliva, and so forth—and so is functional also. It is evident that the production of tissue, of artery, of vein, of nerve, of fat is a functional operation, and must admit of a *plus* and *minus* as much as the secretion of bile or saliva, or the contraction of a muscle. For example: the formation of fat is a “nutritive process,” and certainly has a *plus* and a *minus*, for Dr. Hughes himself may be too fat at one time and too thin at another.

All this from Dr. Hughes. The premisses are that all the operations of life are *functional*, and that the division



into structure and function, which is necessary to distinguish anatomy from physiology, is not practicable when studying the action of drugs. The measuring rod by which we are to learn the extent of the application of antipraxy to drug-action on a healthy person, which was chosen in the beginning of the discussion by Dr. Drysdale, and adopted by Dr. Hughes, is the opposition of a *plus* and *minus*. This measure has been insisted upon with the greatest earnestness and perseverance throughout. It is now clear, by the showing of Dr. Hughes himself, that it includes all the operations of life, and reaches to all experiments with drugs in health. I hope Dr. Hughes will allow that these premisses, being his own, are unexceptionable; that the reasoning is incontrovertible; and that the conclusion is inevitable.

It will be remembered that the facts relative to the action of drugs now considered, belong mainly to experiments with them in *health*. The next difficulty of Dr. Hughes belongs to their action in *disease*. "When we come . . . to those alterations which in their full development are inflammation and fever, we have entered a different region." This tract is already too long, and must end without entering any new region. If it please God I live, and am able to write another, I trust Dr. Hughes may be helped over this difficulty also.

Rugby, April 29th, 1880.

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## REFLECTED NEURALGIA.

BY DR. YELDHAM.

As a pendant to the case of Reflected Neuralgia that appeared in your last issue, the following remarkable case, related in Watson's *Lectures on Medicine*, under the head of Amaurosis, may interest the readers of the *Review*.

"Mr. Lawrence relates a very singular instance of dental irritation giving rise to amaurosis. A man, thirty years old, was suddenly attacked with violent pain in the left temple near the eye, and in that side of the face generally. The pain continued to recur from time to time, and at length he discovered that he was blind in the left eye. By and by the cheek swelled, and some spoonfuls of bloody matter were discharged by a spontaneous opening in the lower eyelid, and then the pain subsided; but after



some months it returned with great severity. The patient then went to Wilna, with the intention of having his eye extirpated, and consulted Professor Galenzowski, who found the left eye totally insensible to light, with the pupil dilated, and no other visible alteration. He ascertained, however, that the first molar tooth on that side was carious: it had never caused the patient much uneasiness, and the toothache which he had occasionally suffered had not been coincident in point of time with the pains in the head and eye. Dr. Galenzowski thought fit to extract this tooth, and was greatly surprised at seeing a small substance protruding from the extremity of its fang. This proved to be a little splinter of wood about three lines in length, which had perforated the centre of the tooth, and had probably been introduced in using a wooden toothpick. A probe was passed from the socket into the antrum, from which a few drops of a thin purulent fluid escaped. The pain ceased almost entirely, and on the same evening the eye began to be sensible to light. The vision gradually improved, and on the ninth day from that time, after thirteen months' blindness in the eye, he was able to see with it as perfectly as with the other. M. Galenzowski has since been in England, and he showed Mr. Lawrence the tooth and the splinter of wood. Doubtless he felt some pride in exhibiting these trophies of his exploit."

And very fairly so too. It was a legitimate triumph of shrewdness, and one cannot help feeling some surprise at the want of that faculty in those who must have treated the case before the patient sought foreign aid. There is no point in medicine better understood than that the vast majority of cases of facial neuralgia are due to dental irritation. Simple, genuine, facial neuralgia is by no means a common disease, whilst these tooth cases are plentiful as blackberries in autumn. It has constantly happened in my own experience, that teeth that have manifested no visible sign of decay, have been the sources of very obstinate face-ache, which their extraction has instantly relieved, by opening a small abscess, or removing a fungous growth. Not long since I saw a case of chronic fistulous abscess, opening outwardly, near the angle of the lower jaw, caused by an old stump that apparently gave no trouble. The discharge ceased a few days after the stump was removed.



Speaking of dental irritation reminds me of another trouble, due to the presence in the mouth of false teeth plates. I allude to the irritation of the tongue to which they often give rise. I have observed that this irritation attends more commonly upon the gold than upon the vulcanite plates. Whether or not this is an electric effect induced by the action of the salts of the saliva upon the gold, I cannot say. Some time since, I saw a lady who had been for two years afflicted with such distressing sensations of pricking and burning on the dorsum of the tongue, that she was in mortal apprehension of cancer. After listening to her tale of woe, I surprised her by telling her, without examination, that she had got a gold plate in her mouth, and that that was the cause of her trouble. She confessed to the former, but was slow to believe the latter, as she had worn the plate for thirteen years with perfect comfort. I was, however, justified in my venture by the total disappearance of the symptoms after a few days' omission of the plate. These cases are by no means rare. But at first they are apt to puzzle one, until a little observation detects their true nature.

53, Moorgate Street,  
May 13th, 1880.

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## HOMŒOPATHY IN THE COLONIES.

BY DR. J. MURRAY MOORE.

### III.—*Homœopathy in New South Wales.*

THE new system of medical practice is not represented by any public institution in Sydney, but all its practitioners seem to have large and lucrative practices. From careful inquiry I learnt from Mr. Collins, Mr. Fisher, Mr. A. Fairfax, and others, the following particulars of its first introduction into New South Wales, which is certainly the most conservative of the Australian Colonies.

Dr. Bellamy first commenced the practice of homœopathy in Sydney in or about the year 1854. He succeeded well, and in consequence Bell's Pharmacy (now Collins's) was opened there in 1856.



Dr. Meymott then settled in Sydney. Dr. Le Gay Brereton opened Turkish Baths in Sydney in 1860, and practised homœopathy also. Dr. Sherwin came there in 1865, and remained some years. Our colleague Dr. Madden practised in this city for some nine months or so, when in search of health. Various changes have occurred since 1865. Dr. Brereton, finding his health failing, invited Dr. Edward Atherton from Hobart Town to relieve him of a part of his very extensive and arduous practice. Shortly before this Dr. C. F. Fischer had taken up his residence in Sydney; and the three practitioners largely extended the popularity of homœopathy.

A second homœopathic pharmacy was opened (by Mr. Fisher).

About 1876, Dr. Fischer transferred his practice to Dr. Deck, of Dunedin, N.Z., in order to make a stay of three years in Europe, and then return.

During the last four or five years Mr. Boughton Kyngdon, formerly so well known and esteemed in Exeter and South Devon, and subsequently at Croydon, has resumed practice—consulting chiefly—in Sydney. While enjoying the generous hospitality of my friend Dr. Atherton, I observed that his practice was about co-extensive with the whole three practices of his three colleagues, though all were busy.

By lay adherents of homœopathy I am assured that there is room for one or two more practitioners in Sydney and its suburbs.

On Dr. Fischer's return this year, there will be five qualified popular and successful physicians. There are also ten unlicensed practitioners of homœopathy—one of whom is said to have a practice producing £2,000 per annum. It is certain that from the Hon. S. Samuel, Postmaster of New South Wales, downwards, all the more highly educated classes are strongly our supporters. But I notice with regret that no dispensary or hospital yet exists to give a public and permanent demonstration of the benefits of our healing art.

Auckland,

New Zealand,

March, 1880.



## *DROSERA ROTUNDIFOLIA* IN WHOOPING COUGH.

### A RECENT APPROPRIATION OF A HOMŒOPATHIC REMEDY.

BY DR. HARMAR SMITH.

I HAD written "the most recent," &c., but found on second reading that the writer refers to a similar case in the *Lancet* of August 3rd, 1878, which was doubtless the first appearance of the name of this medicine in the columns of that journal. The details of the case to which I have alluded in the title of this paper, are published in the *Lancet* of April 17th last. The patient was a man of 66, who was treated at the Royal Hospital for Diseases of the Chest. The details of the case are as usual given without the slightest acknowledgment of the original source from which the knowledge of the remedy was derived, or even any intimation that it is a new medicine. If the reference to the prior number of the *Lancet* is meant (as would appear) to convey the idea that this was the first application of *drosera* to the treatment of whooping cough, it would be as if an author should profess to write the history of Cleopatra's Needle, and commence with an account of the voyage to England.

The case is interesting for several reasons.

1st. The age of the patient, who was beadle and leading singer at one of the city churches. His hoarseness prevented his leading the singing as usual; moreover on one memorable occasion on a Sunday morning "he whooped in church to the consternation of the congregation."

2nd. This was the second attack of the disease, he had had it when a child.

3rd. The treatment and its result is however the most interesting feature in the case. On going to the hospital he was first treated with *bromide of potassium* in 15 grain doses three times a day. "This he took for a fortnight with only slight benefit."

He was then ordered "five drop doses of a one in ten tincture of *drosera rotundifolia*."

Here we have a prescription of a remedy which has been one of the leading remedies for whooping cough, ever since



the time of Hahnemann, but is now quietly appropriated by the old school, and in a dose equal to five drops of our mother-tincture (one in ten).

"He took this for a week and then returned saying that it had made him much worse. It increased the spasm and cough and made him whoop more, he whooped as many as twelve times in a single paroxysm of cough. It increased the expectoration too, and he begged that he might be allowed to discontinue the medicine."

Here we have a striking example of medicinal aggravation detailed, as if it were nothing remarkable or new to allopathic experience!

The dose of the same tincture was then reduced to half a drop every three hours, and at the end of the week he returned reporting great improvement, and at the expiration of another fortnight he was cured.

"The cough had completely left him and he was quite well, and he was able to sing bass, and lead the choir once more."

Thus the curative dose was half a drop of a tincture of the same strength as our mother tincture.

In the same journal in which there is all this absorption of homœopathic ideas and treatment, a letter is inserted on the 1st instant, suggesting to the council of the College of Surgeons of Ireland, that "meeting homœopaths in consultation is contrary to the dignity of the licentiates and fellows of the college," adding "*verbum sapienti.*"!

The "wisdom" I suppose being in accepting our modes of treatment, whilst ignoring homœopathy, and rejecting its practitioners as coadjutors in the healing art.

22, Augusta Road, Ramsgate,  
May 15th, 1880.

## HYSTERIA IN THE MALE.

By GUSTAV PRÖLL, M.D.

MANY years ago when passing through a town in Austria I was consulted by the mother of a family of twenty children regarding some singular morbid phenomena which had appeared in the youngest, a lad then nineteen years of age.

He was extremely nervous and incapable of study. Any occupation involving effort was followed by a severe head-



ache. He had been under the care of several allopathic physicians without deriving any benefit.

The most marked and very singular feature of this case was the aversion the young man shewed to women, an aversion most marked towards such as were young and good-looking.

The sight of one in the street terrified him, and he would run, as if for his life, to escape out of her range! His own sisters, very beautiful girls, formed however an exception. By their presence he was quite uninfluenced. But if either they or his mother attempted to kiss him, or if the latter touched him as a Roman Catholic parent on taking leave of her child commonly does by making the sign of the cross on the forehead, he at once became excited and rushed away in the greatest haste.

Not a little singular was the discrimination shown by our patient. If the woman he happened to meet were old, on the one hand, or of rough and violent manners on the other, he was quite uninfluenced by her presence.

The sensation of touch was extremely disagreeable to him, and produced a violent itching. His appearance, voice and manner of walking were quite feminine.

During childhood he suffered from cerebro-spinal congestion, which gave rise to severe convulsions. My brother, who practised in the neighbourhood where he lived, was consulted. Four allopathic physicians had previously prescribed for him, giving large quantities of every variety of drug. My brother advised that, as he had taken so much medicine, he should now have none at all, but that efforts should be made to calm him by mesmerism. This was done with excellent results.

The singular phenomena already described persisting, his mother was advised to allow him to travel with me. We accordingly went to Griès, a suburb of Botken, the new invalid winter station. He expressed himself as being afraid of meeting any young ladies at the Pension, saying that he was sure that he could not remain there if he did. I reassured him however on this head, promising him that no harm should come to him. I had previously instructed the daughter of our host, who was well known to me, not to take any especial notice of him, but to treat him roughly, shake hands violently with him. Acting on my suggestion she addressed him in a loud tone of voice, and when sitting



next to her at meals, he was struck by the fact that he was in no way disconcerted by her presence.

The principle I had in view in treating my patient was to make him more manly. I therefore ordered him gymnastic exercises, lessons in fencing, riding on horseback and long walks, while I allowed him to read but seldom.

By these means, aided by the beautiful climate of Griès, followed in April by a tour through Germany and Holland, his extreme sensitiveness gradually disappeared, his peculiar aversion wore off, and on his return home to Austria he was the first to kiss his mother and sisters. Everyone was struck by his altered appearance and character, which had become quite manly. In June he took fifteen baths at Wildbad, Gastein, under my direction, and three months later I had the pleasure of hearing that he had become quite strong both in mind and body, and able to resume his studies.

Five years afterwards he married.

I call this strange form of hysteria *Corytsophobia* (*κορυττο*, the girl, *φοβος* fear).

Hardinger, the naturalist, the Austrian Humboldt, the Founder and President of the Imperial Geological Institution, offered me the following explanation of the phenomenon in this case.

He said that the surface of every mineral, of every substance in point of fact, emits an exhalation peculiar to itself and different from that of every other mineral or substance. He also argued that human beings have a specific exhalation, not to be confounded with that of the perspiration. This he said was different in men and women, the dynamic action of the exhalation of the former being the opposite of that in the latter. He compared them to the positive and negative electric poles; and argued that just as equal poles repulse each other, the dynamic action of two equal exhalations is repellent, while that of opposite ones is attractive. Hence he inferred that the feminine character which was so strongly marked in my patient, repelled him from one of the sex to which he had so far become assimilated, while on the development of his proper masculine nature, the opposite of the feminine, attraction took the place of repulsion.

20, Rue du Temple, Nice.

February 20th, 1880.



## ON A NEW REMEDY FOR CANCER.

BY DR. JOHN WILDE.

To be called a "cancer curer" in these days is equivalent to being dubbed "quack," and whenever one meets with the word "cure" in connection with this dreadful disease, one is by no means impressed with belief, nor is one's hope the least raised by it. So many drugs, so many methods have been suggested year after year, and disappointment only has followed in their train, that it is almost difficult to arrest the attention of the experienced practitioner when any new proposal is made which holds but the hope of cure of this fearful malady.

Caustics have had their day, and are probably more dreaded than the knife, which at least makes short work of it, and with quite as great a hope of non-recurrence. Acetic acid, condurango, mineral waters, electrolysis, and a host of other experiments have failed, while the statistics of cancer hospitals furnish a sad commentary on the various so-called remedies.

The great want is felt of a drug which shall so influence the nutrition of the parts affected, that the morbid deposit shall be either dissolved or absorbed, and healthy cells deposited in its place.

Recently an article has appeared in the *Lancet* (March 27th) by Professor John Clay, "On the Treatment of Cancer of the Female Generative Organs by a New Method," which is calculated to revive a hope that something has been discovered likely to advance the treatment of this disease. The article is written by one of the Professors of Queen's College, Birmingham, and therefore the suggestions it contains have the merit of being those of a reputable and well-informed practitioner, and are worthy of being well weighed, and put to a practical test.

Professor Clay observes: "After a careful study of the pathology of cancer and the effect of certain carbo-hydrates administered internally, it appeared probable that a remedy for cancer might be found amongst them. A list of those apparently most eligible was made, but after studying their therapeutic properties, it became obvious that most of them were unsuitable for the purpose, as possessing commonly known specific properties, as well as exciting a special



action on certain structures and organs of the body. . . . Circumstances, however, led me to think differently of the *Chian turpentine*, and I determined to try it on the first opportunity."

The first case recorded as having undergone treatment was one of cancer of the cervix and body of the uterus. There were present, hæmorrhage, agonising pain in back and abdomen, while the cancerous cachexia was well marked. Six grains of chian turpentine, with 4 grains of flowers of sulphur, were made into two pills, which were administered every four hours. No opiates were prescribed, but on the fourth day the patient expressed herself as greatly relieved from pain, and she was in better spirits, but she complained of a large amount of discharge. It was feared that this was sanguineous, but turned out to be a "dirty white secretion, so tenacious as to be capable of being pulled out rope-like," and this although she had syringed herself three hours previously. On the twelfth day this discharge was replaced by a copious serous fluid. The os was not so firmly contracted, but would only admit one finger. This patient's health gradually improved, to the extent that she was able to walk to the hospital, but she was compelled to leave for a northern town, and left no address, so the treatment was not followed out. The excessive hæmorrhage and the pain were, however, cured.

The next case was a similar one—cancer of os and cervix with profuse hæmorrhage and severe pain. The chian turpentine and sulphur were given, as in the previous case, with similar results: pain entirely relieved, and hæmorrhage stopped. The patient was most grateful, and said she "could not do without the pills, they had eased her so much." She continued to improve, and at the end of the fourth week expressed herself as feeling quite well. Four months after she brought another patient to see Professor Clay, and on his reproving her for not having been to him for so long a time, she answered that she "thought it unnecessary, as she continued quite well." On examination, the os was found rough and irregular, but was nearly of normal size, and there were *no signs of cancerous infiltration.*"

A few other cases are mentioned of uterine cancer, and in each case improvement set in, and there was always the same "dirty white stringy discharge" set up by the drug.



“Other cases,” says Professor Clay, “are under treatment both in the hospital and privately, and all show similar effects. The remedy is now being tried in cancer of other organs, and apparently with good results.” One case of schirrhous of the breast has been under observation for some weeks. Remarkable benefit has also already been produced in cancer of the vulva, the stomach, and abdomen.

Professor Clay thinks “the remedy exerts a powerful action on cancer of the generative organs in particular.” He considers the oil of turpentine inadmissible on account of the speedy production of its characteristic effects. The same objection applies to other turpentines, and they have not in his hands produced the same beneficial effects.

“The turpentine,” observes Professor Clay, “appears to act upon the periphery of the growth with great vigour, causing the speedy disappearance of the cancerous infiltration, and thereby arresting the further development of the tumour. It appears to dissolve all the cancer cells, leaving the vessels to become subsequently atrophied.” He considers that not more than 25 grains should be given daily, and after twelve weeks’ continuance, it should be omitted for a few days, and then resumed. He does not regard the sulphur as of any consequence, but he continued to combine it with the turpentine because he used it with that drug at the first with success.

In conclusion, I may observe that, since Professor Clay’s article, a great stir has been made, and the wholesale chemists appear to be inundated with orders, and the drug has advanced 400 per cent. and more in price! It is said to be dreadfully adulterated, and difficult to be obtained pure at any price. I have had some procured for me by Mr. James, homœopathic chemist, Weston-super-Mare, but he tells me it has increased from 5s. to 21s. per lb.! I am now treating a case of schirrhous of the breast with the drug, and hope to report upon it some day.

Weston-super-Mare,

April, 1880.

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## REVIEW.

*Old-School and New-School Therapeutics.* By FREDERICK F. MOORE, M.D. (Harv.), &c. Read before the Cambridge Society for Medical Improvement. Boston: Alfred Mudge, 84, School Street, 1880.

THIS essay forms one of the ablest and most complete reviews of the present position of therapeutics we have read for a long while. Its author is a recent graduate of Harvard University at Cambridge, near Boston, in the United States—a University where the bitterness of ignorant prejudice against homoeopathy stands unrivalled either in the Old World or the New. The substance of this essay was read before a medical society in the University town. Dr. Moore opens by citing passages from Dr. John Harley's *Gulstonian Lectures*, Prof. H. C. Wood, and Bichat, to show that great as is the importance of therapeutics, but little real advance has taken place in the mode of employing drugs for the cure of disease. This he traces to the rapid growth of scepticism as to there being any curative virtue whatever in drugs—a natural reaction from the heroic druggery of bygone days. He then examines the "Physiological School," or "Rational Medicine" and "Empirical Medicine." This is the most interesting and important part of the essay. As well calculated to give our readers a clear idea of Dr. Moore's argument, we quote his *résumé* of it:—

"We have endeavoured, in this first part of our argument, to explain why so little progress has been made in the treatment of disease, while the collateral branches of medicine have been rapidly advancing. It has been seen that such progress has been retarded in a negative way, by scepticism and its young progeny, expectancy; but in a more serious and positive manner, by 'illogical methods and reasoning,' with their natural outcome of haphazard practice, servile obedience to authority, routine, &c., all ending in uncertainty, confusion, and stagnation. It has been seen that therapeutics cannot be based directly on pathology and chemistry, but must, in the words of Niemeyer, 'be conducted by itself, as an independent and peculiar branch of knowledge.' It has been shown that observation and experiment carried on at the bedside of the sick alone have thus far been barren of results, and must necessarily continue to be so in the future. It has been maintained that the principle of physiological antagonism does not fulfil the conditions of a therapeutic law of cure: that attempts to apply it in a curative manner have proved most unsatisfactory, generally resulting in failure, and even when successful it is at the expense of much disturbance of



the general system, and not without some risk to life; that its usefulness lies chiefly in the direction of palliation, for which object it is oftentimes of the greatest service, more especially in temporary conditions, and in incurable cases, where relief of suffering and prolongation of life are all that is possible.

“Lastly, it has been claimed that all speculations as to the pathology of disease, or the *manner* in which it is curatively influenced by medicines, can contribute nothing of practical value to our means of treatment, for the reason that little is or can be known respecting the essential nature of disease, and that we are utterly powerless to penetrate into that region where the action and reaction between drug and disease actually take place; that the method of the physiological school, of experimenting with drugs in order to ascertain to what nosological group they belong—whether cardiac, stimulant, or sedative, narcotic, purgative, emetic, &c.—affords but an incomplete knowledge of their action, and leaves entirely out of consideration that individuality of drug action which a full proving develops, thus greatly restricting their sphere of useful application.

“Finally, the conclusion was arrived at, that the subject-matter of therapeutical investigation must be the *obvious phenomena*, subjective and objective, presented by drug action and by disease, and that in order to establish therapeutics upon a rational, scientific basis, it is necessary to discover the law that governs the relationship which undoubtedly exists between these two series of phenomena; and that the only logical method by which this law could be discovered is that of induction.”

This necessarily brings our author to homœopathy. Here he shows that “the method by which Hahnemann arrived at his conclusions was that of pure induction;” and that from a careful, thorough, and extended series of experiments he inferred that general law that medicines cure diseases similar to those produced by their action on healthy individuals. Applying the clinical test, he examines the action on the healthy body of *arsenic*, the use made of it according to Old-School and New-School authorities very thoroughly, and in a brief manner *belladonna*, *quinine*, *ipœcacuanha*, *mercury*, *tartar emetic*, *cantharides*, *copaiba*, *nitrite of amyl*, *iodine and iodide of potash*, *chlorate of potash*, *nitrite of silver*, and *creosote*.

The essay concludes with some excellent observations on the homœopathic method, and a clear and earnest statement of its claims to investigation.

We have seldom read a more convincing statement of the case for homœopathy, and most sincerely do we wish that every practitioner of medicine could and would read and reflect upon it.



## MEETINGS OF SOCIETIES.

### ANNUAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS OF THE LONDON HOMŒOPATHIC HOSPITAL.

THE Annual General Meeting of the Governors and Subscribers of this Hospital was held in the Board Room, on Tuesday afternoon, April 27th, 1880, at half-past two o'clock. The Lord Ebury presided, and was supported by the Treasurer (Captain William Vaughan Morgan), Dr. Hamilton, Dr. Bayes, Mr. Sydney Gedge, Mr. Rosher, Captain Gardner, Captain Davies, Mr. Alfred Rosher (Honorary Solicitor to the Hospital), Mr. Charles G. Walpole, Mr. Hinde, Dr. Dudgeon, Dr. Black, Dr. Carfrae, Dr. Dyce Brown, Dr. Matheson, Mr. Thorold Wood, Mr. Alfred R. Pite, Mr. Boodle, Dr. Marsden, Mr. H. R. Williams, Dr. Pope, Mr. Wyborn, Mr. Alan E. Chambre (Official Manager), and other friends of the Hospital.

After a few words from Lord Ebury,

The Rev. JOHN GOUGH (Chaplain) opened the meeting by prayer.

The Secretary (Mr. G. A. Cross) read the notice convening the meeting, and the minutes of the last Annual General Meeting and of the Special General Meeting, both held on April 8th, 1879, which were formally approved and signed by the Chairman.

Mr. ALAN E. CHAMBRE (Official Manager) then read the Annual Report of which the following is a summary :—

The Report embraces the period from the 1st April, 1879, to March 31st in the current year. It opens by stating that the legacy of Dr. Quin to the Hospital is found to amount to £11,000, instead of £17,000, as was anticipated last year. The bulk of this sum has been invested in Consols, and the Hospital is now in receipt of the income from it. The following announcement will we are sure be gratifying :—

“The Board of Management are happy to be in a position to modify the regret which the announcement in the preceding paragraph will no doubt cause. A Lady—who wishes to be known only as ‘A Friend to the Hospital’—has expressed her desire, through Dr. D. Dyce Brown, to maintain six beds at her sole cost for the purpose of accommodating cases which, according to the Rules of the Hospital, would be refused as In-Patients on account of the nature of the illness requiring treatment for a longer period than two months. It is, however, expressly stipulated that the Hospital will not be required to accept, under the foregoing condition, cases which the Medical Staff pronounce at the outset to be *incurable*, or which, after



a sufficiently long trial, are found to be hopeless. The decision on these points is to rest with the Physician in charge of the case.

“ Seeing that this offer involves no more than a modification of the Rules, and that, in no case, will the Hospital be put to extra expense, the Board have readily and gratefully accepted this most generous offer. The first annual payment of £210 will be made by this lady on the 1st May, 1880, and she has further intimated that, on being satisfied that the experiment proves satisfactory, it is her intention to permanently endow six beds.”

The alterations and improvements for which the Annual Meeting last year authorised the expenditure of £500, have been carried out in a thoroughly satisfactory manner.

On the subject of “ Paying-Patients,” the Board state that “ it was not found practicable, for many reasons, to commence the experiment until July, 1879, when two wards—“ Eve” for four female Patients, and “ Luke ” for three male Patients—were devoted to this object. Fittings of an inexpensive nature, held to be sufficient for the purpose, were provided ; but no structural alterations were made in the wards. Two male and nine female Patients have, up to the present date, availed themselves of this arrangement, and they have uniformly expressed themselves as quite satisfied with their treatment, and, generally, with the accommodation. Some, however, considered that the fittings should be of a more luxurious character, and that a separate room for each Patient should be provided. The Board of Management are of opinion, however, that—looking to the moderate charge made—two guineas a week—the present arrangements are all that can reasonably be demanded, and to give up a whole ward to one Patient is out of the question ; unless, indeed, a commensurate payment be made.

“ No inconvenience has been found to arise from the introduction of Paying-Patients, nor has the arrangement in any way interfered with the Free Patients, and although it cannot be claimed that the success attained has been very great, yet, under the circumstances, the Board of Management recommend that the trial shall be continued during another year, and a motion to that effect will be proposed. The receipts on account of Paying-Patients during the nine months since the measure was inaugurated have been £76 13s. The cost for fittings and extra furniture, about £80.”

Regarding the Financial position, we are told that “ the improvement in the Financial position of the Hospital indicated in the last report has been continued during the year now expired, and a substantial increase in the ordinary income has gone far to equalise the receipts and expenditure ; while the expenses under many heads have been reduced and steps taken which will tend to further reductions in the current year.”



The Concert so generously given by Herr Carl Zoeller last May, out of gratitude for benefits he had derived from the Hospital, though the results were not so good in a pecuniary sense as was anticipated, was an entertainment that gave much gratification to all who were present. Another entertainment in aid of the funds was an amateur dramatic performance, which produced £80. A similar performance for the same object took place on the 27th ult.

The arrangements for supplying trained nurses for private families are increasingly satisfactory, as will be seen from the two following paragraphs :—

“ The Nursing Fund Receipts have also justified the anticipation formed at the outset and repeated in the last two Reports. They amounted—in the period from the 1st April, 1879, to the 31st March, 1880—to £612, the largest amount yet realised under this head. In the twelve months immediately preceding the amount was £571 16s. In 1878 the total was £399 0s. 6d.

“ Most gratifying certificates testifying to the thorough efficiency and the good conduct of the nurses have been uniformly received during the year, and no effort will be spared in the future to maintain the same high standard of excellence. It should be recorded here that, in the course of the year, Private Patients forwarded donations for the Hospital—amounting, in the aggregate, to £9 4s.—especially to mark their satisfaction with the manner in which the nurse, in each case, had performed her duties.”

Of the actual work of the Hospital we have the following account :—

“ The total number of In-Patients treated in the Hospital from the 1st April, 1879, to the 31st March, 1880, was 494, while in the twelve months immediately preceding the number was 497. The number in 1879-80 would have been greater but that two cases of fever occurred in one of the larger wards, and it became necessary to restrict the number of cases during the time the ward was not used.

“ The number of Out-Patients shows an increase of 441. The numbers being, from the 1st April, 1879, to the 31st March, 1880, 6,908, and in the corresponding preceding twelve months 6,462. The aggregate number of In and Out-Patients treated since the opening of the Hospital to the 31st March, 1880, amounts to 155,527.

“ The visiting of Out-Patients at their own homes continues to be attended with a fair amount of success.”

The various changes and appointments in the Board and Medical Staff are next noted. Among them we observe with much pleasure that of Dr. Burnett as Physician in charge of Out-Patients.



The Report concludes with an expression of warm gratitude on the part of the Board to the Medical Staff and officials of the Hospital, and to a large number of ladies and others for presents of great variety.

The LORD EBURY, in moving the adoption of the Report, regretted that so few ladies were present, because he was inclined to gauge the prospects of an Institution by the number of ladies who showed their interest in it by attending the annual Meeting. All would join heartily in the last paragraph of the Report which expresses grateful thanks for the many mercies vouchsafed to the Hospital during the year, and for the bright prospects with which the new year had opened. He congratulated all present on this Report as being really about the most satisfactory since the commencement of the work of promoting and sustaining this Hospital. There was little to remark upon it but this, that, while all the Institutions of London holding their meetings last year deplored a want of adequate means, because of the great depression in trade throughout the whole of this country, this Hospital had no complaint to make respecting its income; indeed it had pleased God to give to it more means of usefulness than it ever had before. (Applause.) Those discomfiting and untoward circumstances which had in times past made the Board of Management so uneasy, had disappeared, and the Hospital had attained a position of eminence before the Homœopathic public which from the extreme importance of the Institution it certainly ought to have. The Report showed that everything was in good order in the Hospital; it had an admirable medical staff, comprising a great many very excellent medical men, who worked together in great harmony—and there was every cause to be grateful to that staff; a kind and useful chaplain; Lady Visitors who are diligent in performing their duties (and their services could hardly be too highly estimated); and, in addition, a teaching school in connection with the Hospital. A very favourable report was no doubt a delightful thing; but it did not suggest much rhetoric, and it would be very difficult to find exciting subjects for remark when a report is so very good as that read to the meeting to-day. His Lordship would therefore make no further observations, save this, that the Report had reminded the Governors and Subscribers that the Institution had been indebted to its Treasurer to the extent of £500; but of this £250 had already been repaid, and the balance of £250 would, in part at least, be obtained by a Dramatic Performance and other means. He alluded to the experiment of taking “Paying-Patients,” and then said that the Hospital must not rest satisfied with the success already attained. The present rate of advancement must be maintained in order to increase the already valuable Hospital, and preserve the excellent state in which it stood. In conclusion, his Lordship expressed



his belief that the meeting would willingly adopt the proposition about to be made by the Board of Management to carry out the wishes of the late Dr. Quin to bequeath £1,000 to Miss E. Corry. The decision of the Board to carry out this wish must cause great gratification to all persons interested in that lady—a most intimate friend of Dr. Quin. “He being dead yet speaketh” in the existence of this Hospital, and his munificent bequest in its support. Lord Ebury then formally moved the adoption of the Report.

Mr. BOODLE seconded the motion, and the Report was adopted unanimously amidst applause.

Dr. HAMILTON then said that all who visited the Hospital and observed the working of the institution must come to the conclusion that the greatest praise was due to the Board of Management, the House Committee, the Treasurer, and the Sub-Treasurer for the admirable way in which the Hospital was carried on. He was sure that they had most excellent reason to be satisfied with the state of the Hospital as compared with its position in its earlier history. This state of things was due to the Board of Management and the other officials named, and for this the Governors and Subscribers could not sufficiently thank them. The speaker especially referred to the presence of Mr. H. R. Williams, whose connection with the Board of Management dated, he said, from the foundation of the Hospital, and who had always taken the deepest interest in its welfare. He had the greatest pleasure in asking the meeting to give them its best thanks.

Dr. MARSDEN said he had been asked to second the resolution which nobody could differ from. He was delighted so to do. The proper regulation and management involved considerable labour, and such gentlemen as the members of the Board of Management had no such stimulus as medical men had in seeking to benefit their patients.

The motion was then put to the meeting, and was carried unanimously.

Captain VAUGHAN MORGAN replied and said: On behalf of the Board of Management, it had been for some years his duty and pleasure to respond to this vote, and he had very great pleasure in doing so on this occasion. He quite agreed with what Dr. Marsden had said as to the attention required to be given to the Hospital by the Board. All those who knew the previous history of the Hospital recognised the great improvement in its present position. Still, the Board had been obliged to restrict the number of patients in the house, and it was necessary to remind the Governors and Subscribers that such would not be the case if the Hospital were in full working order. If the Paying-Patients experiment proved successful, and funds allowed of a greater number of Poor Patients being received, the Board of Management would be obliged to take the next house



(No. 1, Powis Place), which was the property of the Hospital, and make use of it. No one could be disappointed at all with the progress made.

Dr. BLACKLEY proposed, "The re-election of the following members of the Board of Management: Mr. Boodle, Mr. Cramper, Captain Gardner, Mr. Gurney, Mr. Hinde, Mr. Prescott, and Mr. Walpole.

The motion, being seconded by Dr. MATHESON, was carried unanimously.

Dr. DUDGEON rose to propose the confirmation of the election of two members of the Medical Staff, and said that certain gentlemen having been elected to fill medical offices, it was customary that their appointments be confirmed at the Annual General Meeting. Dr. Burnett had been elected to the External Medical Staff, and Mr. Thorold Wood, who at the last Annual Meeting had been appointed temporarily to fill the post of Surgeon to the Hospital, was now recommended for permanent appointment to that post at this Annual Meeting. He had no doubt that the meeting would see the desirability of securing the services of those gentlemen, and he had to propose that their appointments be confirmed.

The resolution was seconded by Mr. ROSHER, and carried.

Mr. H. R. WILLIAMS said that the resolution which had been put into his hands was that a vote of thanks be given to the Medical Staff. (Applause.) Much had been said with respect to the Board of Management, the House Committee, and the Treasurers. No doubt without them this Institution could not proceed in a satisfactory manner, because the duties they had to perform were such as the doctors could not readily perform. It was well to have such a great support as the Medical Staff of this Hospital, and it was highly gratifying to know that the Patients were treated by so excellent a Staff, whose care and attendance on the sick gave extreme satisfaction. The speaker referred to some interesting cases successfully treated, and which reflected high credit on the Medical Staff of the Hospital. Dr. Hamilton had spoken of his (the speaker's) long connection with the Hospital and its Board of Management. He had seen little of Homœopathy at the time the Hospital was first established in Golden Square. But shortly after the cholera plague broke out, and that neighbourhood was rife with deaths. He wrote to Mr. Buchan, then Honorary Secretary, saying that the outbreak of that plague afforded a fine opportunity for demonstrating what Homœopathy could do. The cases then in were sent out, and the wards thrown open for none but cholera cases. The Report of the Government Official Inspector on the result of the treatment of those cases—most of them in the last stage—was greatly to the credit of Homœopathy and the Medical Staff of this Hospital.



The motion was seconded by Captain DAVIES, and carried unanimously.

Captain GARDNER rose to move a resolution that a further trial be made of the experiment of receiving Paying-Patients. For want of proper time and the necessity of temporarily closing the ward a proper trial of the scheme had not yet been made.

Dr. POPE, in seconding the resolution, said that twelve months seemed to him a very short time for such an experiment, and he had no doubt that the number of cases admitted had enabled the authorities to judge of the desirability of continuing the experiment, although some delay occurred in beginning to make arrangements for receiving Paying-Patients. In the United States he noticed that in two Hospitals a very large portion of each was devoted to the reception of patients able to pay. In both institutions they found the difficulty of being unable to use such Patients for clinical teaching. Another difficulty was that the people admitted for payment were often found of an exacting character—expecting to get for five dollars what they could not get elsewhere for thirty. The arrangements in these were under a committee of ladies. He did not know what the experience of the Medical Staff of our own Hospital had been, but he thought it would be well to make an additional experiment for another year and thus to utilise the experience gained.

The motion was carried unanimously.

Dr. DYCE BROWN said he did not rise for the purpose of saying anything in opposition to the motion as to Paying-Patients. He would be very sorry to oppose the motion, but he should like to state his experience. The arrangements had been admirable, there being nothing to find fault with. But from what he had seen the experiment would not—he thought—be satisfactory to the Hospital, for among the Paying-Patients we have had no *acute* cases. Such cases would be a short time in the Hospital and leave cured, be thankful for the treatment received, and speak well of the Hospital. But chronic cases, for the most part, ladies accustomed for a long period to the luxuries and special comforts of *home*, find that a Hospital is *not* home. He therefore fully appreciated the difficulties mentioned by Dr. Pope. Ladies who have been accustomed to the care of home, to have everything done for them, find Hospital life unsatisfactory, and he had to hear complaints, not openly expressed, but rather in the way of quiet *inuendo*. The conclusion he came to from watching these and other cases was that chronic cases of this class are not satisfactory to the medical staff nor of advantage to the Hospital. He did not, he repeated, oppose the motion, but he thought it right to state his experience. He then proceeded to move a vote of thanks to the Lady Visitors, the Honorary Solicitor, and the Honorary Architect, and said he was sure they would all join in



heartly thanks to the ladies who were of such great assistance in institutions of this kind by visiting the patients in the wards. It must be a great comfort and satisfaction to the patients to find ladies coming to visit the wards, and caring for their comfort and welfare; and it must be a satisfaction to those ladies themselves to be thus instrumental in ameliorating the condition of the sick. With regard to the Honorary Solicitor, Mr. Alfred Rosher, he could not forget the services his father (applause) rendered to the Hospital, and that he himself has taken a very active and very valuable part in its various legal affairs. Then as to Mr. Pite (applause), he has amply proved his great interest in the Hospital. For the great care and attention he bestows on our comfort he merits our very warmest thanks. Everyone who will look at the recent alterations in the out-patient department alone will agree as to the eminently satisfactory nature of his plans.

Mr. WALTER ALAN HINDE said he had very great pleasure in seconding the vote of thanks to the officers named; and the motion being put, was carried unanimously.

Mr. ALFRED ROSHER, in briefly replying, thanked the Governors and Subscribers for their cordial vote of thanks.

Mr. ALFRED R. PITE, who was received with applause, in acknowledging the vote of thanks to himself, said that any attention he had bestowed upon the work of the Hospital had been fully requited by the honour they had done him. He would simply say that anything he could do he would always be most glad to do for the welfare of the Homœopathic Hospital. He thought the Hospital was to be congratulated on the savings which had been effected in its expenditure. It was a source of pleasure to find their medical friends so thoroughly appreciate the lay services rendered to the Hospital, just as it gave him satisfaction year by year to notice the progress of the institution. The unwearied exertions of our medical staff and our Official Manager have brought the Hospital to a great point of success and of efficient working, and it only remains to appeal to the public for increased support. Many people who believe in homœopathy have not supported the Hospital; the fact being that while Homœopathy is largely on the increase in society, the progress made in this particular institution is quite out of proportion. When one hears, as we have done from Dr. Pope, of the wonderful institutions existing on the other side of the water, we feel that we are far behind. We have always given Brother Jonathan credit for an acute sense of right in medical matters, and the way in which he carries on his medical schools and hospitals, without truckling to any party, must command our admiration.

Captain VAUGHAN MORGAN could not help saying how very sorry he felt, in common, no doubt, with all present, at not seeing Mr. Crampern at the meeting—(hear, hear.)—that gentleman



being absent for, he should say, the first time in the history of the Hospital. It was a matter of very sincere regret to him to come to the Hospital and not to see Mr. Crampern's familiar face. Now as to a shortcoming of the Official Manager. It has been usual for the Official Manager to be named in connection with the vote of thanks to the Treasurers, Board of Management, and House Committee, and this year it had been omitted. He did not propose any very serious penance for this omission, at least nothing more serious than that a vote of thanks be accorded to the Official Manager now. He does his work of general supervision well; he is full of new ideas; and to the spirit he infuses into all the officers we owe very largely the success attained. (Applause.) Finally as to the subject on which he had risen, viz., to propose a vote of thanks to the chairman, Lord Ebury. (Loud applause.) He would only remark how truly well his lordship had supported the Institution, being a most efficient chairman, and always ready to come when his services were required.

Mr. H. R. WILLIAMS seconded the resolution, which being put to the meeting by the Treasurer was carried with acclamation.

LORD EBURY expressed his sense of the most cordial manner in which his name had been received and his services recognised. He entirely concurred with all the remarks made as to the Official Manager. He personally felt almost ashamed to receive a vote of thanks when he saw that gentleman sitting there, and knew the extraordinary value of his services. His lordship concluded by thanking the meeting for their appreciative vote in recognition of his own services.

This concluded the ordinary business, and the meeting was then constituted (according to the notice issued to the Governors and Subscribers)

#### A SPECIAL GENERAL MEETING OF THE GOVERNORS AND SUBSCRIBERS.

The Special General Meeting was opened by the Chairman calling upon the Secretary to read the circular convening it, which was read as follows :—

At the close of the Annual General Meeting, a Special General Meeting of the Governors and Subscribers will be held to consider the following Resolution :—

To empower the Board of Management and the Trustees to pay out of income accruing to the London Homœopathic Hospital so long as the said Hospital shall receive the benefit of the trust created in its favour by the will of the late Dr. Frederick Hervey Foster Quin such annuity in yearly sum to Miss E. Corry as the Board of Management shall consider or be advised is equivalent to a sum of £1,000 intended to have been given to her by Dr. Quin by an addition informally made by him to his will and whereof probate was refused by the Probate Division of the High



Court of Justice, such annuity to be paid at such times and in such manner and for such period as the said Board may deem best.

LORD EBURY said that as those present were—he understood—conversant with the circumstances of the case, he would only move that the resolution stated on the circular convening the meeting be adopted.

Dr. HAMILTON said he cordially seconded the resolution proposed by the Chairman, and he hoped the meeting would enable the Board of Management to carry out their proposed act of great kindness and great justice to Miss Corry, who was expecting some token of Dr. Quin's remembrance, and who would have had a right to this money but for the legal informality in Dr. Quin's will. At present she was in very bad health, and the annuity proposed would be a great boon to her. Dr. Hamilton proceeded to state that he was hoping, with the assistance of Mr. Gedge, the Solicitor to Dr. Quin's estate, to place the money bequeathed for the advantage of the Hospital at a better rate of interest. Meanwhile the Board might be assured that the way in which they had received this proposal to carry out Dr. Quin's intention with regard to Miss Corry had given the greatest gratification to all the friends of the late Dr. Quin.

The resolution was formally put and carried unanimously.

Mr. SYDNEY GEDGE said it would afford him the greatest pleasure to report the result of the meeting to Miss Corry. He had already received a most grateful letter from that lady, written on her learning the willingness and desire of the Board to give her the advantage of Dr. Quin's wishes. And he was sure that everyone who knows Miss Corry would say that such a bequest was never more worthily bestowed.

The Special General Meeting then terminated.

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## NOTABILIA.

### LONDON SCHOOL OF HOMŒOPATHY.

A MEETING of the Committee of this Institution was held on Friday the 14th ult., to appoint a lecturer on Materia Medica in the place of Dr. Hughes.

By the original laws of the school the appointment of lecturer was vested in the Committee. When Dr. Hughes' resignation was announced it was rumoured that several candidates for the appointment would present themselves, and it was felt that for the Committee to make the selection might seem somewhat invidious. Therefore at the recent annual meeting the law was so far altered that, when more than one candidate appeared to fill an advertised vacancy of this kind, the Committee and Council should associate the Medical Governors with themselves in making the selection. Three gentlemen ultimately applying for



the post, voting papers were consequently issued, and were examined by the Committee on the 14th, the result proved to be as follows—

Dr. Pope received 52 votes.

Dr. Burnett „ 21 „

Dr. Berridge „ 1 vote.

The examination being concluded Dr. Pope was declared to have been duly elected.

The day after the election the following letter from Dr. Pope was published in the morning papers—

*“ To the President, Council, Committee and Medical Governors of the London School of Homœopathy.*

“ MY LORDS AND GENTLEMEN,—I beg to return you my sincere thanks for the honour you have done me in electing me to the post of Lecturer on Materia Medica at our school.

“ Deeply impressed with the importance and responsibility of the duties you have entrusted to me, I shall endeavour to the utmost of my power to carry on the work so well begun by my predecessor, Dr. Hughes, of rendering the subject it will be my privilege to teach more accurately understood and more widely appreciated.

“ I am, your obedient Servant,

“ Lee Road, S.E.,

“ ALFRED C. POPE.

“ May 14th, 1880.”

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### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE annual meeting of this important and useful body takes place this year at Milwaukee, Michigan, on the 15th inst. The only English homœopathic physician who, so far as we have heard, will be present is Dr. Berridge, who sailed for New York on board the *Brittanic* on Thursday, the 19th ult.

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### AMERICAN PHYSICIANS IN ENGLAND.

WE noticed in the *United States Medical Investigator* recently that Dr. Shipman, of Chicago, the translator of Grauvogl's *Text Book of Homœopathy*, intended visiting England this summer, and in the May number of the *Hahnemannian Monthly*, Dr. John E. James, the Professor of Surgery in Hahnemann Medical College, Philadelphia, is announced as intending to sail hither on the 12th ult.

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### THE PRATER PRIZE.

THE Prize of £10 offered by Dr. PRATER for the twenty best recorded cases of cure by homœopathy, has just been awarded by Drs. Bayes, Hughes and Dyce Brown, to whom Dr. Prater referred the decision, to Mr. S. H. BLAKE of Liverpool. There were three candidates, and the work done was excellent in each instance. We hope to publish the cases reported by each as early as we may be able.



DR. ROTH.

WE have learned with pleasure that the zeal of our well-known and highly esteemed colleague, Dr. Roth, in promoting physical education on a scientific basis, has lately received acknowledgment from the medical profession in Paris by his election as an honorary member of the Société des Médecins du Bureau de Bienfaisance—a society consisting of medical men in the employ of the Office of Charitable Assistance—a department of the Government somewhat similar to our Local Government Board.

CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In your contemporary, *The British Journal of Homœopathy*, for April, appears a letter from Dr. Francis Black, entitled “Educational Requirements for Homœopathic Teaching.”

The text of his letter is founded on some remarks of Dr. Jousset, in the *Art Médical*, for November, 1879, on the special general meeting of our London School of Homœopathy.

Every one knows how extremely difficult it is for our neighbours across the channel to comprehend our English habits, modes of thought, laws, &c. This well-known weakness of French international comprehension, which still allows it to be supposed that Englishmen sell their wives in Smithfield, and interlard ordinary polite conversation with the big, big “D,” ought to have warned Dr. Black against quoting the following passages of Dr. Jousset’s article without correction.

“What,” it says, “is the object of the discussion reported here? \**Half the lecturers in the Homœopathic School allege that they teach allopathy along with homœopathy; the other half wish that homœopathy only should be taught.*”

This passage requires the strongest contradiction. Our paid lecturers are *two and two only*—Dr. Richard Hughes and Dr. D. Dyce Brown. As Dr. Hughes is joint editor with Dr. Dudgeon of the *British Journal*, in which this “slandorous accusation” appears, I leave him to defend his “half the lecturers,” which I have no doubt he will do in the next number of the journal. As to the “other half” (which is Dr. Dyce Brown), his open repudiation of the allopathic teaching, desired by Drs. Drysdale, Black, and Dudgeon, has already defended him against the attempted “shameful compromise” proposed by these gentlemen, in the vain hope of obtaining “recognition” for our lectures, by teaching error and truth side by side.

\* The italics are mine.—W. B.



Dr. Richard Hughes does not, as Dr. Jousset assumes, "teach allopathy along with homœopathy," nor does he wish even to deliver a mixed course; what he did say was this—he expressed his willingness to give instruction in the ordinary and allopathic actions of drugs, in addition to, and in contrast with, the homœopathic, if the majority of the meeting desired that he should do so (which they did not as it happened), and provided it would obtain "recognition" for his lectures, by the ordinary medical licensing bodies. I did not understand from him that he *desired* to make this concession, but, with his well-known courtesy, he was willing to yield the point, provided it had been the wish of the majority that he should do so. I believe I am right in saying that such mixed treatment of his subject would have been against his own private judgment.

Having thus vindicated the two "halves" of our lecturers against the misconception to which Dr. Black's publication of Dr. Jousset's remarks lays them open, I must proceed to make a few further remarks on the position taken by Dr. Jousset and supported by Dr. Black. Dr. Jousset continues:—

"This question is badly stated, and consequently insoluble.

"Why is the question badly stated?

"Because the expressions *homœopathy* and *allopathy* are epithets engendered by the war excited by Hahnemann's reforms; because the expressions are false, and I should like, if it were possible, that they should disappear.

"There are certainly two therapeutic doctrines under observation, but their two names are *positive therapeutics* and *systematic therapeutics*."

He then proceeds to claim for homœopathy the name of *positive therapeutics*, and for allopathy that of *systematic therapeutics*.

Now, to my ordinary comprehension, there is no advantage in simply changing our name. The word homœopathy sufficiently expresses our *principle of drug selection*. It is the concrete expression of the rule or law of therapeutics on which our indications for treatment are based, and it appears to me that it is mere affectation to *change* the name and *adhere* to the law, merely because it is supposed to be less offensive to those medical partizans who have chosen to fight against the new doctrine.

Besides, is the word "positive" more applicable to our "system" of drug treatment than to any one of half a dozen others? Or is not the word "systematic" equally as applicable to our "system" as to any one of those comprehended under the general word "allopathy?"

Dr. Black presses the above crude observations of Dr. Jousset upon his colleagues in England, France, and Germany, in which countries the number of homœopathic practitioners does not increase rapidly, because, he asserts, that the circumstances



which surround the legal position of the medical profession differs in those States from that which prevails in America, where there is greater freedom of medical education.

Now it appears to me that the true difference lies not so much in the *legal position* as in the want of true liberty of thought, which men in the European countries above named do not possess, because they have not sought to obtain it in the right channels.

If our numbers are small it is our own fault for having neglected the public teaching of homœopathy. Instead of coming clear out of the Egypt of allopathy, we have been hankering after its "flesh-pots." Instead of boldly forming a School of our own, obtaining a charter, licensing our own graduates, &c., we have been ever suppliants, trying to induce the older colleges to open their doors to us, and to do our work for us. We shall, in my opinion, have to appeal to Parliament to give us a charter to teach, and a charter to license, some day, and the sooner the better. When the British Homœopathic Society was first formed, and when the "London Homœopathic Hospital and Medical School" was conceived, it is perfectly clear from the internal evidence of their own constitution, that the founders of these two institutions intended, at some future time, to obtain a charter and to found a School. Unfortunately the schemes thus planned, with a possibility of future development, were arrested in their growth by the want of faith of their founders.

It is for us now to consider whether the time is not approaching for the full fruition of a scheme for true medical reform in the direction of homœopathy, by the formation of a complete Homœopathic Medical School, by the enlargement of our Hospital, and by the foundation of a College with the power of granting degrees. This is the only way in which it will be possible, within a reasonable time, to give the public the protection they need against imperfect and distorted teachings of the great medical reform, included under the term homœopathy. To this object I will, with God's blessing, devote such years as may yet be granted me to promote the spread of a knowledge of homœopathic principles and practice, believing that they contain the seeds of the only truly restorative and curative "*methodus medendi*." In a future note I will submit to your readers the complete scheme I advocate.

Yours, &c.,

WILLIAM BAYES, M.D.

21, Henrietta Street, Cavendish Square.

P.S.—I shall be happy to receive the names of medical and lay homœopaths willing to assist in the development of such a College and School.



## NOTICES TO CORRESPONDENTS.

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•• *We cannot undertake to return rejected manuscripts.*

We much regret having been obliged to postpone until our next number the continuation of Dr. BERRIDGE's contribution on Glanders, and a paper by Dr. COOPER.

Communications, &c., have been received from Dr. BAYES, Dr. YELDHAM, Dr. ROTH, Dr. COOPER, Mr. CHAMBER and Captain MAYCOCK, London; Dr. SHARP, Rugby; Dr. HARMAN SMITH, Ramsgate.

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## BOOKS RECEIVED.

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*Hay Fever: Its Causes, Treatment, and Effective Prevention. Experimental Researches* by Chas. Harrison Blackley, M.D. Second edition, revised and enlarged. London: Baillière & Co. 1880.

*Boston University Year Book.* Vol. vii.

*Old-School and New-School Therapeutics.* By F. F. Moore, M.D. Boston, Mass.: Mudge. 1880.

*Transactions of the Hom. Med. Soc. of Pennsylvania.* 1874-1878, vol. ii.

*Licensed Feticide.* By N. F. Cooke, M.D., LL.D. Detroit, Mich.

*The Homœopathic World.*

*The Student's Journal and Hospital Gazette.*

*The Chemist and Druggist.*

*The North American Journal of Homœopathy.*

*The American Journal of Electrology and Neurology.* New York: Boericke & Tafel.

*The Hahnemannian Monthly.*

*The New England Medical Gazette.*

*The Homœopathic Times.*

*The Cincinnati Medical Advance.*

*The Therapeutic Gazette.*

*The American Observer.*

*The Homœopathic Expositor.*

*The Homœopathic News.*

*The St. Louis Clinical Review.*

*L'Art Médical.*

*Bulletin de la Société Médical Hom. de France.*

*Allgemeine Homœopathische Zeitung.*

*Homœopathische Rundschau.*

*Rivista Omiopatica.*

*Twelfth Annual Report of the New York Orthopedic Dispensary.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PRATER PRIZE.

IN our leading article of July, 1879, we endeavoured to inculcate on the younger members of our profession the importance of carefully recording their cases, and of publishing them from time to time in our journals, in such a complete manner as regards the history of the case, its progress, the reasons for selecting the remedies chosen, and with any remarks on the case, as would make such a record of real value for reference, for clinical teaching, and for the elucidation of points concerning the therapeutical value of certain drugs, and the vexed question of the dose. We felt assured that were such records published regularly, they would be of great value to beginners in homœopathy, who read our journals with the view of helping them in their arduous study of *Materia Medica*, and in estimating the value of certain medicines. However indispensable the study of the *Materia Medica* is to every one, clinical records confirming the pathogenesies are only second in importance to senior practitioners as well as to students and beginners in homœopathy.

The force of our observations in the leading article above referred to struck Dr. PRATER, a retired physician, who had in his days of practice been an allopath, but who of late



had come over to the views of HAHNEMANN. This large-hearted gentleman, anxious for the promotion of the good cause of truly scientific medicine, offered a prize of £10 for the best collection of twenty cases. Drs. BAYES, HUGHES, and DYCE BROWN were entrusted with the adjudication of the prize, the candidates to send in their papers by the end of March, 1880.

The result of this handsome offer of Dr. PRATER has been most gratifying, and we congratulate ourselves on having been the means of drawing forth the liberality of our venerable colleague. We proposed, in intimating the terms of the prize, to publish in our *Review* the prize paper, and any others that we might deem sufficiently good for this purpose. Three gentlemen sent in papers—Dr. BERRIDGE, Dr. JOHN S. CLARKE, of Ipswich, and Mr. SAMUEL HAHNEMANN BLAKE, of Liverpool. The papers of all these gentlemen were so good, that the adjudicators regretted that they had only one prize at their disposal, but they unanimously, and each separately awarded the prize to Mr. S. H. BLAKE.

We propose to publish in our columns the whole three sets of cases, as they all are interesting and valuable. The cases of Mr. BLAKE are as nearly perfect in every way as possible. They are quite a model of case-reporting, and we have much pleasure in pointing out to our readers that they are just what we aimed at drawing forth when we penned our editorial remarks, and we trust their high standard of excellence will be aimed at by all of our colleagues who may favour us with clinical records. Mr. BLAKE's cases are remarkably varied, and thus, as an illustration of homœopathy, cover a wide field in disease and in medicines. The publication in a separate form of Mr. BLAKE's paper, which we suggest to him, ought to do a great deal of good, as we have no hesitation in saying that



the perusal of his cases by any unprejudiced allopath, will do more to convince the latter of the scientific nature and the success of careful homœopathic prescribing, than almost any other work we can put into the hands of an enquirer. Our readers will have an opportunity of judging for themselves whether we have estimated Mr. BLAKE's paper too highly or not, as in our present issue we print the first part of it. We regret that want of space prevents us publishing the whole at once.

Dr. BERRIDGE's paper is of great interest also, as it affords an admirable specimen of cases treated in accordance with the views of that section of our school who term themselves Hahnemannians. We have often wished to see such a series of cases in print, and soon we shall have the pleasure of laying them before our readers. Dr. BERRIDGE has treated all his cases with high—we should say, extremely high—dilutions, and a single dose of each medicine is given, and allowed to act for days and even weeks. Such an excellent sample of twenty cases treated in this manner, will, we feel sure, be welcome to our readers, who can thus form their own opinions as to the comparative value of this mode of treating disease. We abstain from further comments, not wishing to bias the profession one way or the other. Dr. BERRIDGE's cases are also varied, running over a large field of disease and drug-action.

Dr. CLARKE's paper is also excellent, though possessing no special peculiarity, except that his range of medicines is more limited, pointing out the different actions of several of them.

In all these papers we notice with pleasure—

1. The variety of disease treated, and consequently of medicines selected ; and when we find sixty such cases, and that neither of the essayists treads the same ground, the collective value of the whole is very great.



2. That most of the cases chosen are chronic ones, and such as could not be expected to get well without therapeutic aid. They are thus most of them entirely free from the objection that the medicine may have had nothing to do in the cure-work.

3. The variety of the dilutions employed; and

4. The connection between the disease-symptoms and those of the drug are admirably brought out, with the reasons for the selection of the particular remedy in each case, in preference to others allied to it, while the general clinical remarks complete a series of really valuable papers.

The result, as we have already stated, is most gratifying, and we think that the fittest conclusion to these remarks is to suggest that another similar prize be offered by some other liberal minded man in the profession, or out of it, who is interested in the spread of the great truth which Hahnemann worked out so nobly for us. Any offer of this kind it will be our pleasure to receive and make public through our pages.

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## REPORTS OF CLINICAL CASES.\*

By S. H. BLAKE, ESQ.

“The notion of the simillimum is one of the connecting links between the real and the ideal, the finite and the infinite, for the simillimum is the most similar of all similitudes.”

### CASE I.

D. W., a man, æt. 65, was first seen on December 2nd. He was of a withered and somewhat wasted appearance, lying helplessly in bed, where he had then been for several weeks. His previous history ran thus: Although he had been accustomed to work hard through life, yet at the same time had used himself to take very sparingly of food, and during the past few years his friends are of opinion that he had taken insufficient nourishment in proportion to his

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\* These Reports are those offered by Mr. Blake in competition for the Prater prize, which was awarded to him.—Eds. *M. H. R.*



work. Further, about two years ago, "a doctor" advised him to eat only beef roasted to a chip, and in very small quantity, and this was the only form in which he took animal food for many months. He was not a professed vegetarian, and partook of so little food that he gradually lost his natural desire for nourishment in proper quantity and quality.

Present condition: He has a slightly yellowish tint of skin, and a very pale, wan, even cachectic appearance. Has nearly lost all muscular power. Mind perfectly clear, speech slow but correct. He speaks only a word or two at one time. Principle source of complaint is frequent vomiting of a very copious frothy fluid, watery, and not glutinous or stringy. Of this he brings up about a pint daily. Fluid neither bitter nor sour, of a nearly clear transparent appearance, some of it of a whitish colour, with no marked taste of any kind. Very little nausea or "sick feeling," and it comes up easily, together with particles of undigested food, of which, however, he takes very little of any sort. Vomiting not directly after food, but from half an hour to an hour after. He has no appetite, nor relish for food.

The mouth and tongue are anæmic, clean, and dry. No decided thirst, although fond of taking acid lozenges.

He has sometimes a dull pain, not very severe, deep in the sub-cardiac region. No dysphagia. On palpation one cannot detect any tumour or other abnormality in the epigastric region or neighbourhood. Skin is generally dry; and on the palms, which are yellowish and horny, are brownish patches of dying epidermis, as if not properly thrown off from the skin beneath. Stool not oftener than every two or three days. No sleep from 2 a.m. to daylight. Heart sounds clear, high pitched, fairly loud, and with a slight reduplication of the first sound.

He has been eight weeks in bed afflicted with the vomiting and weakness. Has been decidedly ill for the past twelve months, and for six months quite incapable. He speaks with the eyes closed, as if to collect his thoughts, and cannot reply quickly, and appears as if continually drowsy. He says, in a quiet manner, he is sure he will not live long. The limbs and body are for the most part cold. There is no feverishness. He suffers from frequent hiccough. Liver not increased in size. Urine healthy, but it varies somewhat in colour, and deposits a whitish sediment some-



times. A pain is felt across the chest, which is followed by vomiting, and this occurs especially after eating any flesh meat. Two years ago he weighed eleven stone, and is now not eight and a half stone in weight.

Treatment: I ordered two oysters daily to begin with, the quantity to be increased by one oyster daily, and *tinct. aethusa cynapium* 1 x (gttii in water), to be given every fourth hour.

According to its symptoms in the *Materia Medica*, *aethusa cynapium* produces violent sudden vomiting of a frothy white substance, of yellow fluid followed by curdled milk and cheesy matter. The milk is forcibly ejected soon after taken, then weakness causes drowsiness. Regurgitation of food an hour or so after eating, or painful contractions of the stomach, so severe as to prevent vomiting. Tearing, rending pains in pit of stomach extending to oesophagus. Soreness and painfulness in both hypochondria. Speech impeded, slow; breath short, interrupted by hiccough. *aethusa* was prescribed in preference to *arsenic*, from the absence of decided thirst, and the other signs of gastric inflammation in any marked degree. The symptoms of *aethusa* poisoning appear to point rather to a great derangement of secretion and digestive power, than to acute inflammation of the mucous membrane; and the irritability of the nervous and muscular structures of the alimentary canal do not seem to be associated with inflammatory action in such marked degree as compared with the effects of *arsenic*.

*Ipecacuanha* is characterised by vomiting of the ingesta essentially, as well as of bile, or of jelly-like mucus, with thirst, sweat, and foul breath, none of which my patient had.

*Kali bichrom*, by nausea and vomiting of acid, white, mucous fluid; and of bile, with burning in the gastric region.

*Kali carb*, by nausea, sour vomit and slimy vomit.

*Sulphur*, sour vomiting. The character of *lycopodium* is sour tasting eructation and vomiting. That of *verat. album* is acrid. Of *graphites*, sour or rancid. Of *sepia*, sour and bitter, or tasting like rotten eggs. Of *merc. cor.*, a tough stringy mucus, or of albuminous matter, green, bitter, of bile, or of blood, or even pus. Yet most of these medicines agree in causing vomiting of white colour, frothy or copious, with pain more or less in the stomach,



and in so far they agree. *Croton* again excites vomiting, with thirst, of sour, acrid, or green fluids, and with the signs of gastritis; and *opium* vomiting, of food, and faecal matter, with thirst.

In a case not presenting acid or bitter vomit, one would naturally prefer to select for the case cited, according to the light of the *Materia Medica*, a drug not presenting acid or bitter vomiting, as one of its principal effects, although did it possess this character also, this might not necessarily prevent the medicine from being successful; and similarly of drugs not as yet known to excite acid or bitter vomit, we should naturally prefer to use them for diseases having similar features, although it may yet remain to be proved whether they can also excite vomiting of acid or bitter substances as well as of tasteless fluid, but for the present it is only possible to use the best light obtainable through the *Materia Medica* and clinical experience.

The patient was next seen December 8th. "He feels considerably better as to stomach symptoms. There is less of the fluid coming up. Much less vomiting. Has retained and apparently digested two oysters each day, as well as some beef tea." Repeat medicine.

December 17th. Vomiting entirely ceased by the 15th December. No fluid comes up now. These symptoms never afterwards returned. No new symptoms developed themselves after this medicine. He takes more beef tea, and enjoys it better. Feels great relief, and says he has received more benefit from this than from any former treatment. He is still in bed. The hiccough continues, and is occasionally very troublesome. *Tinc. aethusa cyn.*, 3 x gttii., ter die.

The patient took this for a week, and after this, finding all the urgent symptoms had subsided, I omitted the medicine, and gave *sach. lac.* for the rest of the time. He continued, however, in the same weak state, though not suffering from any troublesome symptoms, and the vomiting never returned. He sank gradually and quietly, retaining perfect consciousness to the last, and died on January 21st. I had no opportunity of making a post mortem examination, and so was unable to complete the diagnosis as regards the possibility of the presence of some malignant disease in the neighbourhood of the stomach or duodenum.



Thus many of the most manifest symptoms were removed, to the great satisfaction of the patient, and this is much to be thankful for; but are we able under various circumstances, and notwithstanding the past errors of life, which may have been gradually sapping the very foundations of the vitality, and which may have been going on for a long series of years: are we able to postpone death in every instance, until three score and ten years have been reached, by medicine or by any other artificial procedure?

### CASE II.

J. J., æt. 88. This man presented himself on November 19th, complaining of sudden attacks of vertigo, in which he "reels like a drunken man." With each attack of giddiness, there is vomiting of a bitter fluid, consisting of thick bile of light yellow colour. This complaint, he says, "has caused" a deafness of the left ear, more than the right ear, attended by a "rumbling dizzy noise" in the left ear. These attacks are very frequent. The vertigo comes on suddenly, in a moment, and he would fall quickly unless supported. He feels at the time a sensation, "as of swimming round in the head." He is invariably sick, and vomits with the giddiness. Has no headache. Bowels regular. Tongue covered with a very thin white coat. He complains of some pain and tightness across the chest, and a slight cough, but these latter symptoms are not very severe. The attacks have been very frequent for the past six months; but have become so much more frequent and severe of late as to compel him to seek advice. He attributes this complaint to loss of night rest and going from hot rooms into cold rooms in the brewery where he is employed. He was requested to abstain from all alcoholic drinks during my treatment, and to this he assented. This patient has a complexion and hair of dark colour, and with the exception of the aural symptoms, appears to be a very healthy man.

*Pil. nux vom.*, 8 cent. ter die, was ordered the first time he came; but in three days he returned and reported very slight or no improvement, and on again looking over his case, the prescription was changed to *acid salicylic*, 3 x grii., ter in die, for seven days.

November 26th. He came again and reported the cure of the buzzing in the ear, and also of the tendency to fall, as well as the vertigo. The only thing he complains of



now is that the bowels are costive, stools only every other day, whereas before he took the salicylic acid the bowels were regular. Is very little deaf now. He says he feels much better since taking the powder, as there is none of the giddiness or falling tendency ever since taking it; further, there has been no vomiting, nor bringing up of bile since. But before he came under the treatment, the attacks were so frequent, that he had them nearly every day, and they were, up to the 19th, getting worse and worse, which caused him to come for medical aid.

So far the success of the treatment seemed a great triumph of medicine over disease, and I was so pleased with the result that I felt sure a cure would be brought about in a very short time, but there was yet some further trouble. The medicine was repeated. He came again on December 3rd, and reported that no attack of vertigo had appeared since November 19th, but sometimes slight drumming pains in the ear, and a little shooting pain at times across the top of the forehead. Stool passed every two days. Tongue clean. I now made a note of the hearing thus:—If the watch be placed in front of his left ear, above the zygomatic arch, the ticking is very slightly heard; when placed on the left mastoid process, (perosseal deafness), it is not heard at all, and very indistinctly heard when placed on the left auditory meatus.

Testing the right ear under similar conditions, I found watch heard plainly, both upon the meatus in front of the ear, and behind it on the mastoid process, and so far as I could judge the ratio of plainness of hearing did not deviate much from that of health on this side of the head. The relative plainness of hearing in a state of health is in the order as follows:—On the meatus (plainest hearing); in front of the ear (rather less plainly heard); behind the ear (least hearing). Whether the other ear be closed or not during this experiment does not make any material difference in the quantity of hearing in the ear tested in health. I did not close the opposite ear in testing the deaf one. Considering that a new symptom had appeared, and that this might be pathogenetic, I reduced the dose, and ordered *acid sal.* 4 x 4 h.

December 11th. More buzzing again in left ear, but no return of the giddiness; still slight deafness; very well in other respects. Bowels regular now. Rep. med.



December 19th. Better ; symptoms diminished. Repeat medicine for a week.

After taking this he felt quite well, and so absented himself from treatment, thinking it unnecessary. He did not reappear until January 13th, when he came with another new symptom—aching and shooting pains in both mastoid processes, and the pain runs thence into the lower occipital region. Pain across the forehead over the eyes, and the eyeballs feel heavy. There is considerable deafness of the left ear, and buzzing in it sometimes. Right ear not affected. The medicine was repeated in the sixth decimal, but one must regret that it is not possible to give the further history of this case as the patient then ceased coming to me, and as I could learn nothing of his coming to any of my colleagues, I conclude that he must either have discontinued treatment, or that he felt so far well or cured as not to require any further medical aid. The last named view is possibly the correct one.

REMARKS: The pathogenetic records of *salicylic acid* are as yet scanty. Allen's work tells us that it causes "transient delirium," "vertigo," "dulness of the head," "rush of blood to the head," "headache." But these symptoms are given in a disconnected form. Besides these, the same work tells us of a "diminished acuteness of vision," "diminished hearing," "roaring in the ears with difficult hearing," "roaring in the ears lasting six hours." Strong solutions of this acid (stronger than 1 in 1000) are corrosive, producing burning sensations, and other signs of inflammation of the alimentary tract—"swelling and inflammation of right tonsil, and sticking pain extending along the eustachian tube to within the ear. Ulcers of the pharynx of the size of a pin's head, and expectoration of a small lump of cheesy matter of strong odour, together with some bluish red blood." Action on the stomach—"very frequent vomiting, erosions, and ulcers in stomach and bowels, burning in the epigastrium." In these symptoms, given as they are in the *Materia Medica*, there is nothing to show that the gastric inflammation is set up in a reflex manner by association with the organs of the special senses ; on the contrary, the gastric ulcers appear to be due to the direct action of the strong acid on the stomach. In the case just reported, however, where the vomiting was cured after the administration of the acid, the gastric symptoms may have been brought about by reflex communication from



the aural apparatus, forming sympathetic symptoms or secondary phenomena in the order of production; the originating malady being in the ear. To the aural and cranial symptoms of the case cited, *salicylic acid* is clearly homœopathic, but the removal of the vomiting co-temporaneously with the improvement in the aural apparatus can be explained satisfactorily only on the supposition that if a medicine be homœopathically curative of perversion of function in one organ, it may at the same time remove the reflex irritation set up in another—namely, the sympathetic symptom—and that this removal of sympathetic phenomena may take place whether or not all the possible reflex and sympathetic symptoms in the human system have found their way into the *Materia Medica*. In the case reported, there were no symptoms of gastric inflammation or ulceration. On the other hand, the vomiting occurred invariably, and at the same time with the auditory vertigo, which is of great significance. From this view we should be inclined to regard the cure of a sympathetic irritation of the abdominal viscera in aural disease by this acid as not homœopathic to the vomiting as it is so stated in the provings already in our possession, but to a reflex act which has not as yet been proven in the healthy subject. A parallel to this reflex irritation may be found in the “ear-cough,” excited by an impression conveyed through the sympathetic ganglion, it is said, to the fibres of the vagus, by their communication in the neck, down to the larynx, by means of the branch of the vagus, to the crico-thyroid muscle, thus producing cough.

If sympathetic irritation be once set going, it is difficult to say where it will end, and therefore the increase and development of these phenomena, and their insertion into the *Materia Medica*, must increase its bulk to a great extent. These symptoms nevertheless form one route in the repertory leading to a suitable medicine in any given case, but the limitation of their value in selection has not as yet received expression.

It is, I believe, admitted, that provided trophic changes have not been superadded to reflexly excited phenomena, that the latter may disappear together with the removal of their exciting cause, or at least that this may happen in a certain proportion of cases.



## CASE III.

December 16th. E. A., a girl, æt. 19, in bed with acute rheumatism. The complexion and eyes are naturally dark, but the face is now pallid and rather anæmic. She has been living in service in a newly built house, where it is presumed the damp or draught have brought on this attack of rheumatic fever. It is the first time she has been affected by rheumatism. There is a moderate degree of pyrexia, frontal headache, and the bowels have usually been and are at the present time rather confined. The middle-sized joints are those mostly affected, those of the right lower limb being the worst. The right knee is slightly reddened, very hot, painful, and tender, pain dull and aching. There is swelling of the joints to a moderate extent, and there is intense pain on the least movement, so that she is compelled to remain perfectly quiet. There are rather copious sour perspirations in the night, yet the sweats can hardly be called profuse although they do not appear to give any marked relief. She has been ill for two or three days before my visit. Both ankles are affected in a similar manner. The rheumatism has shown no tendency to shift from joint to joint, but remains constantly in a joint, when it is once attacked. She is a well formed and fairly nourished girl.

Having directed that she should be placed between blankets, and that the joints were to be wrapped in cotton wool, as is the custom, I prescribed *bryonia* 3 x mii., 0 3 hor.

Sour perspirations are so constantly found in rheumatic fever, that cases occurring without this symptom are the exception and not the rule. Hence this symptom becomes one of the foremost in bringing before us a group of medicines having this symptom. Thus the *Materia Medica* gives :—

Sour sweat is caused by	{	<i>Bryonia</i> , or oily sweat (aggravation during the heat.)
		<i>Mercurius</i> , or oily sweat (which does not only not relieve, but even aggravates the weakness of the patient.)
		<i>Pulsatilla</i> : musty odour, at times cold sweat (pains shift from joint to joint).
?	{	<i>Belladonna</i> sweat of empyreumatic odour, constantly changing position; redness of joints, with shining swelling.



From observation of previous instances of acute rheumatism that after *bryonia* had been given without complete relief to the patient, and that complete relief had not come until *mercurius* had been employed, I thought the present case a good opportunity to ascertain, if possible, if both medicines may take a share in the cure, and to see how far the *bryonia* would continue to improve the patient. In the early stage of the disease, before the sour sweats are exhausting and profuse, together with the other symptoms corresponding to *bryonia*, this drug would seem well indicated, and it would be unfair to deny it any share in the cure, although it might not answer in the later stage of the disease.

The *bryonia* might possibly place the patient in a position to be acted on favourably by the *mercurius*, and it has been noticed in more than one case that persons who have been treated with *bryonia* have, after a few days, presented strong indication for *mercurius*, which has then been administered successfully. The *Materia Medica* informs us that *bryonia* is specially effective or active in persons of bilious temperament, dark complexion, with tendency towards gastro hepatic ailments, and to rheumatic pains attacking chiefly the right lower limb, and the favourite joint to be attacked is the right knee joint. The swellings are not confined to the joints entirely, and the latter are but slightly reddened, yet hot, tender, and painful to the least movement. Sweating takes place in short spells (Bell), and it appears that if the most severe form of joint inflammation be caused by *bryonia* that there is produced a dry and burning heat, and not a profuse sweat, as the profuse sweat is noted as occurring during exercise, which does not take place at the height of an acute inflammation of the *bryonia* type. This sweating of *bryonia*, therefore, corresponds to a stage of rheumatism less severe than the typical acute rheumatism. *Belladonna* should be excluded from ordinary kinds of rheumatic fever, from the fact of its inflammation being of a shining redness, erysipelatous, or even phlegmonous character, and for this character it has been both pathogenetically registered and clinically verified. It is an interesting feature of *belladonna* that the chill and heat may alternate, that the sweat occurs with or directly after the heat, and that the sweat is for the most part on the head and face.



December 17th.—Patient feels better in nearly every respect, though the right knee is still painful, but less than yesterday. The other joints are decidedly better as to every symptom. Sweating continues still very free, and of sour smell, but by its copiousness does not by its occurrence cause any marked diminution of the pain and stiffness of the joints. *Merc. vivus*. 3 x gr.  $\frac{1}{4}$ , 0 3 hor.

December 19th. The patient is still in bed (but on this day I entered a note as cured, for there was no pain anywhere except very slightly in the right knee, and there only on bending the knee). The order of retro-cession of the symptoms is here worth note, as it inversely conducted in relation to the severity of the inflammation in the affected joints, and this order of retro-cession is interesting if compared with the effects of *bryonia* in the *Materia Medica*.

Thus the order of disappearance in the patient runs thus:—Left ankle, left knee, right ankle, shoulder, and finally the right knee-joint is the last to get well. *Bryonia* attacks most severely the joints on the right side, and especially the right knee. With *merc.* there does not appear sufficient evidence to say which side it affects most severely, although its symptoms appear to attack both sides, and are especially severe in the feet and ankles. The pains are tearing, and worse in bed at night. The bones, periosteum, and tissues around the joints appear to be all attacked by *merc.*; and if œdema be superadded with pale swelling, or slightly red swelling, and the condition of cold and damp in the production be present, the suitability of *mercurius* becomes apparent. After lasting a certain time, some cases of acute rheumatism begin to assume this kind of condition when *mercurius* seems to accomplish great things. The patient was ordered to remain completely at rest for a week, and to remain without walking, so as to complete the cure. On visiting her in the course of a week, I found she had disobeyed this order, and had attempted to walk two days after my last visit. This was at once followed by a slight return of pain, with swelling of the right knee, and another sour sweat, moderate in quantity during the night. *Bry.* 3 x gtt. ii., 3 hor.

This finished the case, for no further complaint occurred, and the patient went back to her work again.

As regards *colchicum*, *rhus* (movement and sweat relieve), *ledum* and *sulphur*, although these four medicines have



sour sweat, and *ledum* and *rhus*, putrid sweat in addition, their indications are so rarely found in acute articular rheumatism, that they are rarely brought forward in this complaint, and in the case of *sulphur*, many of the conditions of acute rheumatism are absent from its list of symptoms; which together with its recommendations for symptoms more common to chronic arthritic complaints, takes this medicine (for the most part) away from our notice in rheumatic fever.

#### CASE IV.

On January 27th, Ann R., a single woman aged 48, came under homœopathic treatment for the first time, after trying several doctors, during many years of treatment, without any relief, especially for constipation, which was extremely troublesome. She was thin, nervous, and irritable, with deep lines from the nose to the angles of the mouth; the eyes were surrounded by a bluish colour, and underneath the lower lids this is particularly marked. She has a careworn look. Her symptoms in detail are:—Acidity after every kind of food, “spasms in the left side, and fearful vomiting,” coming on in paroxysms. Swelling in epigastrium (subjective) extending into the left hypochondrium. Exceedingly acid eructations. She only vomits during the attacks of pain in the stomach.

There is no decided thirst, or it is very slight. The pain in the side sometimes continues for four or five days, and it extends downwards, sometimes as far downwards as the left kidney (colon?). She often feels “a lump” in the epigastrium. There is no relief to the pain “without vomiting, or by taking a purgative.” She can get no evacuation without “opening medicine.” Has not had a stool for years without taking a purgative to bring it on. If she did not do this she had often waited a week or longer without the least sign of a stool. She does not actually vomit the food taken as a rule (*Ipec. Phos.*), but vomits a frothy phlegm about an hour after food, and this fluid may contain portions of partially digested food. She has acid or “salt” eructations after meat. (Vomiting salt and sour, *puls.*, *sulph.*) (Aversion to meat, *sulph.*) But the great pain and the vomiting do not occur every day. Her principal complaint is the indigestion and obstinate constipation. The catamenia have been scanty for three years, a flow takes place about every two



months. She has suffered from the stomach symptoms and constipation for twenty years, but these conditions have become much worse during the past three years—the climacteric. Sometimes only there is bilious vomiting, the bowels remaining confined. “Alcohol turns to vinegar” in her stomach, and produces eructations like vinegar pickle. She becomes dreadfully cold in the spasmodic attacks. Surface of tongue clean, pale, rather irregular in outline, somewhat flabby and not muscularly vigorous in its movement. At one time she says it was coated brown in the centre. It is transversely fissured in various directions. Urine sometimes nearly black, like coffee grounds, for two or three days, and a short while after recovering from her severe attacks it again becomes quite clear. The mouth and chest feel dry. The face, for the most part pale, is rather discoloured by patches of reddish colour, especially about the nose, which gives a mottled look to the complexion.

Bowels distended, swollen, has to loosen her clothes. Stomach in a similar state. In its progress the pain works round into the left hypochondrium, and then begins to be of a most severe kind, and at this time she has been able to get relief only by opening the bowels with a purgative or by the production of vomiting. There is dryness of the mouth, without thirst. Teeth of yellowish colour, face earthy and yellowish, with red here and there. Appetite moderate, and soon feels satisfied. Sleeps well, but is afraid to rest. Prescribed *Lycopodium* 3 c. gr.; ter. die.

She was told to stop purgatives, and to wait for stool naturally, and through the homoeopathic medicine, even if she should have to wait a month.

She promised to wait, and the result exceeded my anticipations. *Lycopodium* was prescribed, because the *Materia Medica* gives among the provings of that medicine—“mouth and tongue dry without thirst, cracked tongue, aversion to several kinds of food, including meat. Hunger, but a few mouthfuls fill him up. Absence of thirst. Everything tastes sour. Sour eructations. Vomits food and bile. Sour substances. Dark greenish masses after eating and drinking. Pressure in scrobiculum. Fulness in stomach and bowels. Pit of stomach sensitive to contact or tight clothing. Gnawing griping in stomach region. Abdomen distended. Feet cold. Accumulation of incarcerated flatus in abdomen, pressing upward with full feeling, and down-



ward on rectum and bladder. Rumbling of wind in splenic flexure of colon. Constipation, ineffectual urging and feeling as if much remained unpassed, with flatus. Menses profuse at one time, suppressed at another (climacteric). Cough, with dryness of respiratory passages. Sleep restless, at ease in no position. Face pale, circumscribed redness of the cheeks, earthy, yellowish, with deep furrows, blue circles round eyes. Skin with dark red blotches here and there; heat and dryness, especially of hands, but the pulse not accelerated.

Conditional basis: In old women of keen intellect but feeble muscular development; thin and disposed to lung and hepatic affections. Among medicines allied to *lycopodium* are *calc.*, *lach.*, *graph.*, *puls.*, *silic.* The first two, *calcaria* and *lachesis*, are considered to be suitable if given before *lycopodium* in the commencement of treating a chronic disease, and *graph.*, *puls.*, and *silica*, to be suitable often to follow *lycopodium*. They all produce sour taste, and the last four produce sour taste after meals. With the light of the *Materia Medica* to compare the relative merit of the medicines, the elements of the case cited may be thus stated:—

1. Sour taste after meals, or sour eructations, or both.
2. Distension of the stomach and abdomen, sometimes painful, apparently due to flatus.
3. Continued or complete constipation.
4. Other mental and physical conditions sympathetic with these conditions and the disease upon which they depend.

All of these symptoms are produced by *calc. carb.* (acidity or sourness not stated when), *carbo. veg.*, *graphites*, *lycopodium*, and *pulsatilla*. All of these are, therefore, one would suppose, good homœopathic medicines to the case, and were either one of them as yet undiscovered in nature the others might perhaps still serve to cure. A comparison of the details of the case treated, with the symptoms of *lycopodium*, will show a very great number of correspondences to that medicine. In addition to the more minute details of symptoms indicating *carbo. veg.* in a peculiar form of flatulent dyspepsia, the gastric symptoms of this drug appear to be induced chiefly under conditions of rich living or excesses, which does not apply to the case cited. With *graphites* the pain in the stomach necessitates eating, and the periodical gastralgia is followed by vomit-



ing immediately after eating, and there is thirst. *Calc. carb.*, *lycopod.* and *pulsatilla* would seem to be the most suitable to this case.

On February 3rd. The patient returned and considered herself improved. Repeat *lycopod.* 3 cent. t.d.

February 17th. Continues to improve; still swells after dinner. Repeat.

February 26th. Had a violent bilious attack. Catamenia darker, in clots. The swelling in the left side, which she used to feel at the left iliac region, has entirely gone. Repeat.

March 4th. The menstrual discharge has been very dark, in many congealed black lumps, which is unusual for her (these symptoms are pathogenetic under *lycopodium*). Head feels better during movement and when standing up, but is worse in bed (also pathogenetic). A stabbing, sudden pain passing through the vagina, wakes her once or twice in the night (occasional sharp pain running round the labia—is named under *lycopodium* in the *Materia Medica*). She now has, in addition to these, another fresh symptom—a pain coming down from the top of the forehead, down the middle line to the nostrils, which is especially felt in the gristly part of the nose (*alae nasi*), with tenderness on pressure—pain itself in forehead of a pressive kind, and the nose is increased slightly in redness and swelling, which symptoms were before present to a certain extent; but the nose is still dry. As I found symptoms in the *Materia Medica* under *lycopodium* quite similar to these, I concluded that they might possibly be pathogenetic, so did not repeat *lycop.*, which had now been taken for several weeks, and as the pains in the stomach and gastric symptoms had disappeared, I referred to the *Cypher Repertory* for another medicine corresponding to the nasal symptoms to cure these. There I found that *pulsatilla* produces similar symptoms on the forehead and nose, “pressive pain at the root of nose,” “frontal headache,” “nostrils sore;” and knowing that this medicine corresponds also to the great mass of symptoms previously exhibited, I prescribed *puls.* 3 p.t.d.

March 16th. She reports herself a “great deal better;” nose and forehead now feel quite right. She feels, however, some flushes of blood to the head, and after the flushes she goes quite cold again. The ears sometimes are hot (burning), and then this sensation soon dies away



again. This wakes her in the night. In every other respect she now feels quite well, and says she will not require to come again. The bowels now act regularly and of their own accord. She often feels hungry. For the remaining symptoms, including the flushing, *naja. trip.*, 6 c, ter die., was ordered, and this concluded the case. It is worthy of note, however, that *lycopodium* produces "sensation as if hot blood rushed into the ears, and that the aural symptoms and *otalgia of pulsatilla* are specially felt at night. Whether these symptoms found at the conclusion of the case were pathogenetic or not it would be difficult to say. I ought not to omit to state that in reference to this case the bowels began to gradually improve in action after the patient had taken the *lycopodium* for about a fortnight, and in this respect the intestinal action steadily improved until, when discharged, the patient was able to get a natural evacuation daily without the use of any purgative whatever.

(To be continued.)

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### A FEW RANDOM HINTS.

BY ROBERT T. COOPER, M.D.,

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#### *Toothache.*

IN Hale's last edition, vol. i., the *plantago major* is recommended as a valuable remedy for toothache; he gives this very interesting account of it: "The fibres of this plant have long been used in Switzerland for toothache, in the following singular manner. The fresh leaves of the plant are torn, and the green thread-like fibres put into the ear of the ailing side. Curiously enough, in cases benefited by the remedy, these fibres become black, and are then renewed, while, if no relief is experienced, they remain green. During the last year I prepared a tincture of the plant, and from it prepared the second decimal attenuation. About seven-tenths of the cases which have come under my treatment have been cured by the administration of this remedy *in about fifteen minutes*. Many other cases have been much benefited. From the wide range of its usefulness in this disease, I conclude it will become useful in other diseases." (Dr. Reutlinger, Hale.)

To-day I had an opportunity of putting to the test the power of the *plantago* in this affection. A little boy of eight years of age, just recovering from measles, got a



bad toothache, which settled in a carious tooth of the left lower jaw, in which the nerve was exposed, and having some tincture prepared by myself many years ago, but never used, of the *plantago lanceolata*, I put three drops in half a tumbler full of water, and gave a teaspoonful every ten minutes. Immediately after taking the third dose, the pain went away as if by magic.

#### *Constipation.*

A simple, a non-medicinal, remedy for confined bowels is much wanted. Theorise as we may, the man who suffers from sluggish bowels, will have them acted upon; this may be taken as an axiom in the practical pursuit of the profession.

I would, therefore, direct your readers' attention to the new preparation brought out in the form of a jam, and sold in tins by Messrs. Krikorian Brothers, of Upper Thames Street, E.C., and which professes to consist merely of figs and honey. Be this as it may, I find it a capital remedy in ordinary cases of constipation. A teaspoonful taken by itself before breakfast acts in most cases; if a stronger action is required it can be obtained by giving the same quantity in a wineglass of cold water, and a still stronger action by using warm instead of cold water.

For the constipation of infants and young children, it is simply invaluable, as they take it greedily, and persuasion is never required. While it acts in this manner as medicine when taken in the ordinary way at meals as a jam, it does not appear to exert any greater effect than might be supposed from its constituents.

Popularly, it is supposed that we are wanting in remedies to act quickly on the bowels, but this is a mistake, for, besides others, which are well-known, 5 grains of a trituration of St. Ignatius' bean (*ignatia amara*) will, when this remedy is at all indicated, in almost every case bring regularity to the bowels. It should be taken dry on the tongue night and morning.

And then in *mezereum* we get an all but never failing aperient. A drop of a mother tincture (made with a scruple of the etherised extract of *mezereum*, of the British Pharmacopœia, to an oz. of *spt. vin. rect.*), and taken at bed-time in a little water, will be followed next morning by an easy natural action from the bowels, and unaccompanied by pain or straining. Though I have used it in some hundreds of cases, and for many years, I have but seldom known it fail in ordinary cases of sluggish bowels.



## STUDIES IN THE MATERIA MEDICA.

By D. DYCE BROWN, M.A., M.D.

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### No. X. *Aurum* (Gold).

I INCLUDE in this "study" both *aurum metallicum* and *aurum muriaticum*, as they are so closely allied in action. But in order not to destroy what value it may have, I have not mixed the two pathogenesies, but, in the first place, examined that of *aurum met.*, and afterwards noted the points of resemblance and difference between these two preparations. Certain symptoms come out more strongly in one preparation than in the other, and may lead us to select either accordingly, but the close similarity, with the differences I allude to, are evidences of the accuracy of the pathogenesies. I have much pleasure in adding that any one who wishes to complete his knowledge of the history, action, and therapeutical uses of this valuable metal, must study Dr. J. Compton Burnett's admirable treatise on Gold, to which reference is made hereafter.

*Aurum*, like most of the leading metals, has a very wide, and deeply acting effect on the human organism. There are few tissues in the body which it does not affect, but certain of these are much more decidedly disturbed by gold than others.

Prominently, we see its action on the brain and nervous system. Besides producing the forms of headache afterwards described in detail, its influence on the mind is very interesting. Mental depression, with suicidal tendency, is the prominent feature here, with irritability, and annoyance at the merest trifle. Great lassitude, and weakness of the lower limbs, is also produced, with disinclination for any work. Neuralgic pains here and there also occur, and the prover dreams of dead bodies. The nervous disturbance also shows itself in pains in the back, breathlessness, difficulty of breathing, and palpitation of the heart.

Secondly *aurum* shows a marked influence on periosteum and bone, producing manifest bone pains, and even bony swellings, probably periosteal. These pains occur in the bones of the face, the head, and in the long bones.

Thirdly, on mucous membrane, *aurum* develops its influence, producing catarrhal irritation in the nose, mouth,



gums, throat, larynx, bronchial mucous membrane, stomach to a slight extent, and in that of the bowels, causing sometimes diarrhoea, at other times constipation, with piles.

Fourthly, on special organs, its effect is clearly visible. Thus the eyes are affected with pains, and peculiar and characteristic disorders of vision; the auditory nerve is affected so as to produce vertigo, deafness, and tinnitus aurium. In the nose, foetid discharge exists, with inflammation of its lobe, and ulcerations in the nares. The liver shows signs of disturbance in pains in its region, disordered character of the evacuations, and piles, with low spirits. The urine is altered, depositing phosphates, and at other times lithic acid. The testes, and ovaries, chiefly the former, are markedly affected, developing pain and swelling in them. The affection of the lungs seems to be chiefly neurotic, and consists of tightness and pain in chest, with marked dyspnoea. Bronchial catarrh is also produced, as already noticed. The heart shows the influence of *aurum* in palpitation, pains in the precordial region, with anxiety and fearfulness.

The pains in the limbs are worse at night, and at rest. Sleep is disturbed, with dreams of the character already alluded to. The skin becomes irritable, itchy, and with eruptions of an eczematous type, or sometimes like nettle-rash. Finally, there is a predominant sense of chilliness in the system.

From this short introductory sketch it will be seen how wide and deep is the action of *aurum* on the body and mind affecting nearly every tissue and organ, though certain of them more especially. I now proceed to study more in detail the pathogenesis of this remarkable metal.

#### *Aurum Foliatum or Metallicum.*

*Mind.*—The influence of *aurum* on the mind is one of the most marked features in the pathogenesis. The prominent condition is that of extreme despondency, or melancholy, with desire for death, and suicidal tendency, but associated with this state is an irritability of temper that makes the prover quarrelsome for the least trifle, such as contradiction. There would seem also to be, at times, marked delusions and excitement, followed by depression. These symptoms are so marked, that I quote the principal ones: "Disgust for life." "Suicidal tendency." "Great anguish, even to self-destruction." "Frequent weeping."



“ She howls and screams, and imagines herself irretrievably lost.” “ Melancholy—he imagines he is unfit for this world, and longs for death, which he contemplates with internal delight.” “ Despondent melancholy, he imagines he cannot succeed in anything.” “ He is dejected, and seeks solitude. He fancies he has lost the affection of his friends; feels discouraged, and that he cannot succeed in anything, and that he does everything wrong; fancies he sees obstacles in his way, partly from fate, and partly his own fault, which depresses him. He is uneasy, and cannot do anything fast enough to satisfy his mind.” Next, we find a state of timidity and apprehensiveness, “ a mere noise at the door made him anxious; he feared lest some one would come in.” The mental anguish is sometimes accompanied by palpitation and uneasiness in the precordial region.

Next, we have the irritable, peevish, quarrelsome state, excited by the least contradiction, or the merest trifle. This will occur in the midst of a despondent fit. Religious excitement is once noted. One prover had deliriums at 3 a.m., of seeing objects in the room, and heads on the wall. The memory is impaired. Of one prover, it is noted “ she is anxious to reflect deeply about this or that subject; this, however, makes her quite weak, tremulous, cold, and damp over the body.”

Such a mental condition indicates *aurum* as one of our leading remedies in mental depression, and melancholia, not with fear of death, as in *aconite*, but with longing for it, and suicidal tendency. Clinical experience has amply confirmed this. It is also indicated for a condition of nervous restlessness, with alternating despondency and irritability, even to excitement.

*Head.*—In the head we find—1, vertigo; 2, headaches, of a full congestive character; 3, pains of a neuralgic type; 4, pains in the bones, and involvement of the periosteum, or of the bone itself.

All the head-symptoms are aggravated by motion, and by stooping.

1. Vertigo. This is very marked, accompanied by confusion. The vertigo is worse on stooping. One symptom I must quote entire: “ When walking in the open air, vertigo, as if he were drunk, and would fall to the left side; he was forced to lie down, but even then, for some time, the vertigo returned on the slightest motion.” This will



point out *aurum* as a remedy in Menière's disease (auditory nerve vertigo), especially as we shall see that *aurum* produces deafness, and tinnitus. It will be specially indicated, when this condition is accompanied by headaches of the type presently to be described, and with marked mental depression.

2. Headache of a full, congestive character. Thus we find it described as headache as from an incipient cold, painful pressure as from a contusion, or as if bruised, burning in the whole head, rush of blood to the head, a "kind of hypochondriacal intoxication, the head feels full of compressed air, especially towards the nape of the neck." This headache is worse on stooping, and on thinking, talking, or writing. Such a headache frequently goes along with mental depression. Severe burning heat on the top of the head is once noted.

8. Headache of a neuralgic type. The pain is chiefly tearing, or boring, sometimes pressive, and once throbbing. It affects chiefly the left side, in forehead and temples, though not exclusively the left side. Once it is noted as "fierce, tearing from the right side of the occiput through the brain as far as the forehead. More violent during motion." In one case it came on every three or four days, with nausea and vomiting. Indications here for neuralgic pain of a tearing, boring kind, in left side of forehead and temple, especially when associated with mental depression.

4. Pains in the periosteum and bone. Not only are some of the boring pains in the left forehead referred by the prover to the bone, but Hahnemann notes: "The bones of the head pained him on lying down, as if broken, so that all his vital energy seemed affected." And again: "Small bony tumour on the upper part of the left side of the forehead." And again: "small bony tumour on the right side of the vertex, with boring pain that grows worse when the tumour is touched."

This is in keeping with other indications, to be noticed afterwards, of the action of *aurum* on periosteum and bone. This has been frequently verified clinically, and with its indications for use in syphilis, will point it out as a leading remedy in periostitis, and nodes, syphilitic or otherwise. It ought also to be kept in view in obscure brain diseases, where the *aurum* type of headache is present, with mental depression, especially if there is a history, or probability of a syphilitic taint.



*Eyes.*—The eye symptoms of *aurum* are extremely interesting. They may be divided into those of the internal parts of the eye, and those affecting its external coverings. The first symptom noted is “prominent, protruding eyes.” This is from Hahnemann. Being an objective, and not a subjective symptom, and read in connection with the other eye symptoms presently to be noticed, and the palpitation of the heart which we shall see afterwards, it suggests *aurum* as a remedy for exophthalmic goitre, for which our medicines are few.

Next, the sensation of tension or tensive pressure in the eyeball is very distinctly brought out. Thus, “sensation of weakness and pressure in the eyes;” “tension in the eyes, which makes seeing difficult;” “excessive tension in the eyes, with diminution of sight, more violent when fixing the eyes upon something, less when closing them;” “pressure in the eyes as from a foreign body;” “pressure upon the left eye from without inwards;” “sensation in the eyes when looking, as of violent heat, as if the blood pressed upon the optic nerve.” These symptoms are peculiar, and point to *aurum* as a remedy not only for exophthalmos, but also in the early stages of glaucoma, for which also our certain remedies are few.

Next, we find marked abnormalities in vision. These are “half-sightedness, as if the upper half of the vision were covered with a dark body, so that he can only see lower objects with the inferior half; upper objects remain invisible;” “his sight is lost for a moment;” “fiery sparks before his eyes.” He cannot distinguish anything clearly, because he sees everything double, and one object is seen mixed with the other, with violent tension of the eyes. Indistinct sight, as if a black veil were drawn before the eyes. Where such peculiar disorders of vision are present, *aurum* will be the remedy.

Lastly, we find a certain amount of conjunctivitis and blepharitis. Thus, redness of the sclerotica (ocular conjunctiva?) is noted, with “constant feeling of sand in the eyes;” “burning, stitching, drawing and itching in the inner canthus;” “redness of the lids at the approach of the menses;” “bluish appearance of the inner canthus;” “swelling of the lower lids;” with “morning agglutination,” and stitching pains in the lids.

*Aurum* then will be one of our remedies in blepharitis, more especially chronic, and in a strumous patient.



**Ears.**—There is moisture behind the ears, with burning, pricking, and itching there, and pressive pain in left meatus. And secondly, there is feeling of “tension in the ears,” deafness, and tinnitus, described as crackling, humming, whistling, ringing, and roaring, as if near roaring water. These symptoms point to the use of *aurum* in (1) Menière’s disease (see former remarks under vertigo); and (2) in catarrhal deafness with eustachian closure. The symptoms which follow—nose and throat—will show that such a state exists.

**Nose.**—The symptoms of this organ are highly interesting and marked. There is evidence (1) of inflammation of the external nose, (2) pains in the bones and septum, and (3) a chronic (probably) catarrhal condition, producing thickening of the mucous membrane, formation of hard crusts, and offensive discharge. These symptoms are so important, and belong to so few medicines so distinctly, that I quote them nearly entire:—

1. External. “Redness and swelling of the nose; swelling and redness of the right nostril and underneath; swelling of the nose in the room, after walking in the open air; dark, brownish-red, slightly elevated spots upon the nose, which ache only when touched; burning and itching on the exterior of the nose; violent burning in right wing of nose; biting pain in the lower part of the nose, so that the tears came into his eyes, as when desiring to sneeze, or excited by strong sunlight; itching titillation in the wings of the nose, as in a cold, sometimes with desire to scratch.”

2. Pains in bone and cartilage of septum. “Boring in left side of nasal bone, towards upper maxillary.” “The right nasal bone and the adjoining part of the upper jaw are painful to the touch, especially at the place where the infra-orbital nerve comes out.” This last symptom may possibly be only neuralgic. “Shootings in the septum of the nose, from above downwards.”

3. Chronic catarrhal condition of the nasal mucous membrane, with thickening of it, production of hard crusts, and offensive discharge. The symptoms here being so important, I quote them fully: “Ulcerated, agglutinated, painful nostrils, so that he cannot breathe through the nose.” “Crusts in the nose.” “Crusts, as from ulcers, in the right nostril, yellowish, almost painless, and dry.” “The nostril appears obstructed, though air passes through it.” “Sense of obstruction of the nose, as in dry coryza,



nevertheless the air passes freely through the nose." "Burning, itching, stitching, and smarting in the nose." "Feeling of soreness in the nose." "Soreness in both nostrils, especially when touching them." "Itching of the nostrils." "Putrid smell in the nose when blowing it." The sense of smell is perverted—"Sensitive smell, everything smells too strongly for him." "The smoke of the lamp is offensive." Frequently "a sweetish smell in the nose." "Momentary smell of brandy in the nose, with dyspnoea."

Such a pathogenesis points clearly enough to the use of *aurum* in chronic nasal catarrh, with soreness or itching in the nares, formation of crusts, and foetid smell from discharge, and with external inflammatory swelling of point of nose. In ozæna it is not only indicated, but proves to be one of our best medicines. If the bones of the nose are involved, so much the more is *aurum* called for.

*Face.*—The face is flushed, and bloated looking, with swelling of the cheeks. This latter sometimes goes along with swelling of the lips and nose, at other times is connected with bone pains and periosteal inflammation of the teeth. This latter is well brought out in one proving. "Swelling of one cheek, with drawing and tearing in the upper and lower jaws, and sensation of hacking and grumbling pain in the teeth, which appeared too long." The sensation as if the teeth were too long is very characteristic of periostitis.

Other pains are referred to, and seem to belong to the bones: "Violent tearing in the zygoma." "Burning stitches in the zygoma." "Violent boring in the right zygomatic process when walking." "Boring in left side of upper jaw." "Boring in right side of lower jaw." "Intermittent, dull stitches in the external borders of the lower jaw." Some of these pains may be only neuralgic, as a few other evidently neuralgic pains of a drawing or tearing character are noted. These symptoms point to the use of *aurum* in pains in the bones of the face, and in neuralgic pains referable to the bones, and to periostitis of the teeth. The power of *aurum* to affect the teeth is still further brought out in the section "Mouth." We there find dull, aching, shooting pains in the teeth, singly, or the whole row, excited by drawing in cold air, and by contact, as in eating. The gums are swollen, red, and painful



on touch, or in eating, once with pustules on them, and once with an ulcer.

These symptoms indicate *aurum* in toothache, with general irritation of the mucous membrane of tongue, mouth, and gums, especially when other *aurum* conditions are present.

*Mouth.*—Teeth symptoms noted already. The tongue feels burning at the tip and edges, and under surface. Aphthæ in the mouth and blisters are noted once, with heat and smarting. There is a foetid or putrid odour from the mouth, and an alteration in taste, insipid, sweet, milky, sour, bitter, and “putrid, as of spoiled game.”

*Throat.*—Here there is evidently a continuation of the mucous membrane catarrh of the nose downwards, a phlegmy condition of the pharynx, with pain in swallowing, and a pain in a gland below the angle of the jaw. “The parotid gland is painful to the touch, as if pressed or contused.” This symptom ought to have been rather placed in section “Face.” This condition of pharyngeal and faucial catarrh will be remembered in connection with the deafness, probably eustachian, already noticed.

*Stomach.*—There is not much of importance here. A pain as of hunger is noted, a certain amount of discomfort and pressure in the stomach after food, with nausea, loss of appetite, and thirst, and desire for spirituous liquors and coffee.

*Abdomen.*—There are indications, fairly distinct, of the liver being affected. Thus we have “burning pains in the hypochondrium;” “continual pressure in the hypochondria, as from flatulence, especially after food or drink, often increased by motion and walking, going off without flatus.” Then the stools are noted as being sometimes green, sometimes greyish-yellow. Stitches in the left hypochondrium, like stitches in the spleen, are noted, but whether these are really in the spleen is doubtful. There is rumbling flatulency, chiefly in the large bowel, causing lancinating pain. Hahnemann notes that the abdominal flatus accumulates, but does not pass, causing painful pressure, and squeezing and anxiety, both when at rest and in motion; the abdomen even is tender to the touch, and the colic is troublesome after midnight. This well-known form of abdominal flatus, resembling that of *lycopodium*, is usually associated with disorders of the liver. *Aurum*, therefore, ought to be of service in abdominal flatus, with



incarceration of it, chiefly or prominently in the large gut, causing colic and great distensive uneasiness, associated with liver symptoms, and much hypochondriacal depression of spirits. The symptoms referable to the hypogastrium and groins are peculiar and well marked. There is feeling of weight, heat, and sensitiveness in the hypogastrium. There are twinges in the sides of the pelvis, "weakness" in the groin, burning pain in the region of the abdominal ring, drawing and pressing down, and bruised pain there as if a hernia would protrude when sitting or stretching the body, going off on rising. Hahnemann notes that a hernia did protrude in one case with cramp-like pain, and passage of flatus into the hernia. The muscles here and in the loins ache as after fatigue. "Want of flexibility, and painful stiffness in the bends of the groin and the tendons of the lumbar muscles when walking or spreading the legs, as after a long journey on foot."

May not these peculiar symptoms indicate *aurum* as possibly of use in the cure of hernia, by preventing the tendency of the bowel to be forced down when supported by a truss?

*Stool and anus.*—*Aurum* seems to have the power of producing piles. This fact, external piles, is once noted, the piles bleeding during stool, and once the "border of the anus is painfully swollen, sharp stitches and burning heat and tearing pain are felt in rectum and anus. Constipation is first produced, the fæces being large, hard and knotty, and passed with difficulty. Then diarrhoea follows secondarily, the stools being green, or grayish-yellow.

*Urinary organs.*—There is frequent desire for micturition, with dysuria, and stitching or burning pains in the urethra, and neck of bladder. Sometimes the quantity is increased, sometimes diminished. The urine is sometimes "turbid, like buttermilk" (probably from phosphates), with much sediment of mucus; at other times, it is thick, with a strong ammoniacal odour, and decomposing rapidly; and at others hot, red, and "containing sand."

*Sexual organs.*—In the male, there is marked increase of sexual desire, with erections, and nocturnal emissions, and itching of the scrotum. This suggests *aurum* as a remedy in such a condition.

Next, we find that *aurum* has a remarkable affinity for the testicles. "Swelling of the right testicle, with pressive pain when touching or rubbing it; this symptom came on



for several evenings at 6 o'clock, and ceased towards 11 o'clock." Pressive and tensive pain in the right testicle, as from contusion." *Aurum* is here pointed out as a remedy in orchitis, and its value in chronic cases, syphilitic or otherwise, is well known. It would be specially chosen when accompanied by much mental depression and other *aurum* symptoms, or when the pain is only neuralgic.

In the female, the symptoms are few, but the very fact of its affinity for the testicle, and its proved clinical value, would render it likely to be of service in chronic enlargement of the ovary, or even neuralgia of the ovary, when associated with mental depression. (*Aurum* is generally looked on as the analogue in the male of *platina* in the female.) The only recorded symptoms in the female are "drawing pains in the mons veneris;" heat, pricking and smarting of the vulva; redness and swelling of the labia majora; burning and pricking in the vagina; thick white leucorrhœa; retarded menstruation; and pains in the abdomen, as from labour, as if the menses would make their appearance.

*Respiratory apparatus.*—The most marked phenomenon here, and it is very distinctly brought out, is *severe dyspnœa*; even when at rest at night, and when walking and laughing, with feeling of tightness in the chest. Hahnemann notes in one prover, who was generally asthmatic, "phlegm deep in the throat, which is easily thrown up in large quantity; this is followed by free and expansive breathing." The other symptoms are laryngeal. There is husky voice, short, dry, splitting cough, at night chiefly; or with a little phlegm, which is difficult to detach.

*Chest.*—Râles are heard on upper part of chest, with palpitation, weakness, and apprehension. The other symptoms consist of tight pressure in the chest, with stitches, chiefly in left side, in region of the heart. These stitches sometimes catch the breath. *Aurum* is here well indicated in dyspnœa, asthmatic or cardiac. Most probably the latter chiefly, as the severe palpitation (see "Heart") would indicate. This has been often verified clinically. Specially would it be called for, when accompanied by mental depression, flatus in abdomen, and sluggish liver.

*Heart and Pulse.*—Palpitation of the heart is very marked, with cutting pain there, and feeling of "anguish and tremulous fearfulness."



*Neck and Back.*—Only one symptom from Hahnemann refers to the spine. “Early in the morning such a severe pain in the spine that he was unable to move.” Query, is not this muscular? All the other symptoms are muscular—pains drawing and tearing in muscles of neck and back, especially left side. In the loins there is also a bruised pain, and pain as from fatigue. Once a “burning heat, which seems to start from the kidneys and extend to the bladder,” is noted.

*Extremities in general.*—“Going to sleep, numbness and insensibility of arms and legs, early on waking, more when lying still than in motion.

*Upper Extremities.*—Almost all the symptoms here are referable (1) to the bones of the arm, forearm, and wrist, in which pressive, tearing, and drawing pains are felt, more at rest and at night than in motion; and (2) pressive, tearing, or boring in all the joints, from the elbow downwards, more especially the metacarpal and phalangeal joints. Some of the pains which I have said are referable to the bones may be muscular.

*Lower Extremities.*—One symptom from Hahnemann is of dubious import: “All the blood appeared to rush from her head into the lower extremities; they feel paralysed, and she has to sit down immediately.” Muscular pains in muscles from pelvis to thigh, producing stiffness and difficulty of motion, appeared prominently. The other symptoms are drawing, pressing, boring, or tearing pains referred to, and seemingly located in the bones of the leg and foot; and drawing, stitching, tearing pains in the joints, from the knee downwards, on motion, and on putting the foot to the ground. Pain in the knees, as if they were tightly bandaged, is once noted.

These symptoms in the upper and lower extremities indicate *aurum* in muscular rheumatism or other muscular pains, pains in the bones of the arm and leg, and rheumatic or rheumatic-gouty pains in the small joints.

*Generalities.*—Besides symptoms already cited, there is a feeling of general weakness, nervous restlessness, and over sensibility to impressions. Pain also is felt—“as from bruises”—in the head, and all the limbs, early in bed. “Most violent when at rest; passes off immediately after rising.”

*Skin.*—The skin itches very much, acne is formed on the face and shoulders; eczematous spots, with heat and



itching, on the scalp, and itching elevations like wheals of nettlerash on the legs.

*Sleep and Dreams.*—There is much sleepiness during the day, and after dinner. Sleeplessness at night, sometimes from the pains; sometimes restless and tossing. Hahnemann notes: "Awake the whole night, but without pain; nevertheless, no sleepiness or lassitude in morning." Dreams vivid, disagreeable, or frightful. Dreams about thieves, with loud screams while asleep. Dreams about dead men.

*Fever.*—There is a complete absence of fever, but a most marked and constant feeling of *cold*, and shivering over the whole body, even in bed. Hahnemann notes: "Violent orgasm, as if the blood were bursting all the veins," and perspiration following this. With this exception, all the symptoms are those of cold and chilliness, and sensitiveness to cold.

As in these Studies I make Allen my text-book, I here add a notice of Dr. Burnett's proving on himself (see *Gold as a Remedy in Disease*, by J. C. Burnett, M.D., 1879, pp. 62-66) separately, lest the reader should look in vain in Allen for certain symptoms, and suppose the mistake is mine. This proving of Dr. Burnett's is a very instructive one, and is an epitome of the proving in Allen; or rather, I should say, an embodiment of the characteristic symptoms of *aurum*. Some of these are brought into greater prominence than in Allen. I arrange the symptoms for uniformity as in Allen.

*Mind.*—In evening very wakeful, well up to work, great mental activity, unusually wakeful. Next evening, feel fagged, but yet not able to sleep; look and feel ill, and although weary, no inclination for either rest or sleep.

At first, great mental activity, well up to work. After two days, "feel not up to the mark; very depressed and low-spirited; nothing seems worth while;" has a dazed feeling in the head. Memory at first "is so sharp that I fear the secondary effects in this direction might be serious." Six weeks after, "the last week or two my memory has been very bad indeed, and I am low-spirited." Three weeks later, "memory a little less clouded." A fortnight later, "memory getting good again."

*Head.*—Felt only an "uncomfortable feeling in forehead." Pains in bones of skull.



*Face.*—Looks pale and worn. “In the groove between nose and cheek a cutaneous lump of the size of a split pea; it irritates, gets picked, scabs over and persists.”

*Mouth.*—A stringent metallic taste in mouth; tongue slightly coated with brownish fur.

*Stool, &c.*—“Proctostasis (constipation of rectum) these twenty-four hours, which is most unusual with me.”

*Urinary organs.*—Urine at first diminished, afterwards increased.

*Genital organs.*—Testes a little swollen and hard.

*Back.*—Pain at the lower part of spine. This did not go quite away for two months.

*Inferior Extremities.*—“Feel very strong, with plenty of go in me; going upstairs, I involuntarily take two steps at a time, and run in and out of patients’ houses instead of walking.” This is followed by a weary, good for nothing feeling. “Sensations in joints and muscles, like one has after unwonted exercise.” Early in the morning, in bed, weary pain in right tarsal bones, shooting up towards the knee.

*Skin.*—“Intolerable itching in the right groin in its inner third,” which obliged him to scratch in the street. “Having returned, an inspection shows a wheal, now become tender from the violent rubbing that has been carried on every few minutes for the past hour.” After an hour, “the wheal is gone, but the part remains tender.” “After proving *condurango* several years since, a small wart on my chest increased in size, and it has continued to grow ever since, and is now about the size of a split horse-bean, with irregular hill-and-dale surface; it is beginning to lap over and catch things.” During the proving of *aurum*, this wart gradually got smaller, till it nearly disappeared.

*Generalities.*—Feel ill, and although weary, no inclination for either rest or sleep.

*Sleep and Dreams.*—Erotic dreams. Dreams of death. Dreaming towards morning. Bad nights, dreaming of the dead and of corpses.

These provings were made with several grain doses of the 1x trituration.

To make this analysis of the pathogenesis of *aurum* complete, it is necessary to incorporate with it that of *aurum muriaticum*, as in this not only are some important points brought out more decidedly than in *aurum met.*, but certain other interesting features of the drug appear. But as the



*muriate of gold* is not the same as *metallic gold*, though similar, I take the pathogenesis separately. I shall, to save repetition, however, only note the symptoms which are either not already noted in *aurum met.*, or which come out more forcibly.

*Aurum Muriaticum.*

**Head.**—The vertigo is relieved by going into the open air. Sensation of coolness on the top of the head. Burning and stitching in the back part of the head.

**Eyes.**—The eye-pains come out very markedly. One prover notes: "Tearing pain, beginning on the left eye, and extending to the right ear, where it at last comes out; the pain was so severe that he had to lie down in bed, when the pain immediately ceased." Complete temporary blindness is noted by one, and by another "weakness of visual power; the letters disappear at evening by candlelight for some minutes; instead of the letters, the paper was white, as if not printed." The eye symptoms in one are noted as appearing periodically.

**Ears.**—Crusts behind the ears; burning and itching behind the ears, especially at night. Deafness and tinnitus is also noted.

**Nose.**—Besides the external and internal inflammatory state, as in *aurum met.*, we have "a bad-smelling watery discharge from the nose, very irritating to the lips." Fluid coryza, with rough throat, tickling in the throat, and irritation to cough.

**Face.**—Lightning-like twitches in right upper jaw.

**Mouth.**—Besides the teeth pains, there is "redness and swelling of the gums, especially at night." Aphthæ all over the mouth; burning, itching, and smarting of the mouth. Flat taste, with nausea; strong metallic taste, with increased saliva.

**Throat.**—Painful swelling of the sub-maxillary glands. Pain in the throat, difficulty of swallowing, and redness of the mucous membrane of the fauces.

**Stomach.**—Nausea and vomiting, with irritation of the stomach. "Emptiness in the stomach." "Distress at the stomach after eating." Burning, stitching, and gnawing pains in the stomach. "Painful drawing in the pit of the stomach, extends to the middle of the sternum, as if a hard body were pressed into the cavity, aggravated by stooping, eating, drinking; it appears only in paroxysms."



*Abdomen.*—Burning, and “constant disagreeable feeling in the right hypochondrium.” Flatus, and severe colic.

*Stool and anus.*—Hæmorrhoids, with discharge of blood during stool. Diarrhœa. Stools thin, watery, “gray-whitish,” with tenesmus.

*Urinary organs.*—Heat and burning in micturition, with frequent desire. Quantity sometimes increased, sometimes the reverse. “Red, thick urine, containing sand.” “The urine rapidly decomposes.” “Increase of urea and urates.”

*Sexual organs.*—Exhausting erections. Drawing along the spermatic cord; swelling and tension in the testicles; painful drawing in left testicle, extends towards the inguinal ring, recurring in paroxysms.

*Female.*—Here we find a much fuller proving than in *aurum met.* There is redness and swelling of the labia; a few days before the menses, an eruption of large red pimples on the labia majora. There is some burning and itching of the vulva, extending with heat into the vagina. There is profuse leucorrhœa, acrid, and making the thighs sore, with itching of the pudenda. The menses are too early, and more profuse; the blood being acrid, and making her sore.

*Aurum mur.* will therefore be one of our remedies for that troublesome affection, *pruritus vulvæ*; while acrid, profuse early menses, with acrid leucorrhœa, will be further indications for it.

*Respiratory apparatus.*—Much dry, tickling, paroxysmal cough, worse at night. Once the cough is noted as “thick,” with thick, yellow expectoration. Difficult breathing, with suffocative attacks at night, and feeling as if a stone lay on the chest.

*Chest.*—Drawing, sticking, and tearing muscular pains. Great oppression of the chest, scarcely permitting breathing.” “Spasmodic drawing between the sixth and seventh ribs, with a sensation as though some one attempted to snatch out the heart.”

*Heart.*—Palpitation. One prover notes: “Wakened in the night by a sticking, boring pain at the point of impulse of the apex of the heart, deep in, as if in the heart itself; it lasted some minutes; the prover felt that he could not longer have endured it; not changed by deep inspiration, but as soon as he pressed the hand tightly against the precordial region, the pain disappeared; immediately afterwards a lancinating, streaming pain extends from this



place, and ends in the left hypochondrium, only momentarily so severe, that it interrupts respiration; when he inspired more deeply, the pain disappeared.

*Neck and Back.*—Stiffness and bruised feeling in neck and small of back, rendering stooping almost impossible. Painful fatigue in the loins.

*Upper Extremities.*—Similar muscular and neuralgic pains to *aurum met.* Pains in joints also.

*Lower Extremities.*—Great feeling of prostration, and bruised feeling as if from great fatigue. Lancinating pains in muscles. "Swelling of the feet." Burning in the feet and redness of the toes, with pains (cutting and tearing) in toes.

*Generalities.*—General feeling of great weariness, prostration, and inability for motion or exertion.

*Skin.*—Pimples on lips, with smarting and itching, also above pubes. Boils on buttocks and thighs. "Petechia-like exanthema on both legs, with a small pimple in the centre."

*Sleep and Dreams.*—Similar to *aurum met.*, except that no note is made of dreams about corpses, but only "heavy dreams of impending unhappiness."

*Fever.*—Chilliness, with gooseflesh. Violent fever is noted by two authors.

## PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM.*—Continued from page 303.

(32.) *Medical Times and Gazette*, 1868. Vol. i., p. 160.

By Mr. SKEY.

J. H., æt. 24, engaged himself to a horse-slaughterer on June 14. Next day he wounded tip of left forefinger with a rusty nail, but continued his employment. Next day finger had become inflamed and very painful, with red streaks running up forearm. At the end of a fortnight, having in the interval suffered from a very severe attack of inflammation of finger, with much general fever, he was admitted June 29th. His health was in a very bad state, and his expression indicated severe suffering and distress. Almost all the soft tissues of finger had sloughed, and the whole hand was much inflamed and swollen. The lymph-



tics on radial side of forearm had suppurated, but the axillary glands were scarcely at all enlarged. Incisions were made, charcoal poultice applied, and *quinine* ordered. From this date he steadily improved, both as to local mischief and general health, till July 4th, when symptoms of severe constitutional disturbance occurred, and a patch of dusky-looking erysipelatous inflammation appeared on forehead, involving right eyelid.

July 5th. Forehead was sprinkled with small bullæ, containing a dirty-looking dark fluid, and scalp and face were cedematous; had slept little during night from severe pain in head; skin clammy and relaxed; pulse 120, very feeble. Ordered *quinine*, *opium*, and brandy.

July 6th. Decidedly worse. The erysipelas had extended over greater part of scalp, and face and throat were much swollen. A free incision was made into integuments of forehead, and a small quantity of ill-formed foetid pus drained out from the subcutaneous tissue in which it was infiltrated.

July 7th. The whole of integuments over frontal bone were beginning to slough, and he was very weak and exhausted.

July 8th. Anterior half of scalp was sloughing rapidly. Several pustules, about as big as those of variola, had appeared on chest and right arm; they were seated on a dusky inflamed base, and contained an opaque brownish fluid.

July 9th. Anterior half of scalp was converted into one large slough. Chest and extremities were covered with a crop of pustules similar to those described above, and there was an inflamed cord-like condition of lymphatics of left foot and leg. From this date he grew rapidly worse, and died comatose on 12th.

*Post-mortem* in 15 hours. *Post-mortem* rigidity slight. Over left tibia inferiorly a small firm subcutaneous swelling, over which the integument was ulcerated. Numerous shot-like pustules, none of them with central depression, scattered over neck, trunk, and extremities, most abundant in upper arms. Integuments of forehead and anterior half of scalp sloughing; bones not exposed. Great cedema of lids. Lymphatic glands in neck slightly enlarged. Submucous glands at base of tongue slightly enlarged, but not unusually so. Larynx: 2 small pustules, the size of peas, one on level with cricoid cartilage, the other immediately below



right vocal cord. Pericardium contained about an ounce of serous fluid. Right cavities of heart contained two small fibrinous clots ; one or two smaller ones on left side ; blood in large veins fluid ; muscular substance pale and soft ; no petechiæ on endocardium, but it was slightly blood-stained. One or two small petechial spots on surface of lungs. In substance of lung were numerous small firm dark red masses, seemingly consisting of coagulated blood, with yellow points in their centres. One or two small purulent deposits were also detected generally near the surface. Lungs emphysematous throughout. Liver 5 lbs. ; on section pale and very soft, its consistence being scarcely greater than that of a lung in a state of grey hepatitis. Gall-bladder contained a very little yellow bile. Kidneys large and congested.

(33.) *Medical Times and Gazette*, 1863. Vol. i, p. 161.

By Mr. SAVORY.

C. H., æt. 52, came under treatment August 28th, 1862. The previous January he took care of a stable which had been infected with glanders for a year previous, six or seven horses having suffered from that disease. He remained well till end of May, when, after feeling very languid and depressed for some few days, he noticed that left side of nose was red, swollen, and painful, and on mucous membrane of nostril were six or seven small, red, very sensitive pimples. A copious thick, yellow, very foetid discharge began to flow from nose, and a quantity was spat from the back and upper part of pharynx. The glands under jaw were enlarged, and he had "kernels along his jugular"; throat sore and deglutition painful. About a fortnight later seven or eight "buds," as big as a four-penny bit, and about twelve smaller ones appeared on left side of neck and left arm. These suppurated, and after a time healed, being succeeded by others, which in their turn also healed, and gave place to fresh eruptions of similar pustules. Axillary glands enlarged. Now become much emaciated, and so feeble that he could scarcely walk. On admission the "buds" had ceased to break out; the discharge from both the eye and nose was very abundant, thick, yellow, and foetid. The eye was considerably protruded, and the conjunctiva slightly chemosed. Glands under jaw and along side of neck still enlarged. Much



emaciated and exceedingly weak. Ordered *quinine* and porter.

Aug. 30th. More feeble. Ordered in addition *bark* and brandy.

Sept. 8th. Worse; discharge very copious and the eye more prominent. Ordered *iodide of potassium* with *bark*.

26th. Better; stronger and more cheerful, could take food better; discharge as before.

Oct. 12th. Very much better. The eye less prominent, and the discharge from it and nose decreasing; gaining flesh, and could sit up.

20th. Could walk about, and felt nearly well; discharge much decreased; eye still more prominent than natural.

Nov. 17th. Secretion far more excessive, but not foetid; eye no longer prominent.

Feb. 7th. Well.

(34.) *New Sydenham Society's Publications*. Vol. xv., pp. 122-3; vol. x., p. 248; vol. xxiii., p. 193; vol. xxv., p. 40.

Reference to Buntze and Bamberger in *Hosp. Tidende*, No. 14, 1860; *Wurzb. Med. Ztschr.*, 1, 2, 1860; *Schmidt's Jahrb.*, vol cxi., p. 35; *Dublin Hospital Gazette*, May 15th: to Hirschsprung and Moore in *Dublin Hospital Gazette*, April 16, May 1: to Leblanc in *Arch. Gén.*, 1863, 1, 84; W. Pissling in *Spit. Zeit.*, 1863, p. 337: and to H. Asché in *Schmidt's Jahrbuch*, vol. cxxi., p. 241.

(35.) *London Medical Gazette*, 1840-1, vol. ii., p. 784; 1843-4, vol. 2, p. 816.

Hutton's case quoted from *Dublin Journal of Medicine*; and Landouzy's case quoted from the *Veterinarian*, Sept. 1844.

(36.) *New Sydenham Society's Publications*, vol. xix., pp. 53, 221.

Abstract of four Cases of Glanders Poisoning, from Virchow's *Archives*, vol. xxiii., p. 209.

B. and Z. made a post-mortem examination of a glandered horse. Fourteen days after, B. had constant depression, weariness, frequent shivering alternating with heat, headache, very hot flushed face, short breath, loss of appetite, constipation. Three or four weeks later, Z. was taken with shivering, and great oppression at chest. D., who had been in Z.'s room and passed through B.'s, fell ill



about three weeks later with symptoms of broncho-pneumotyphus. K., who had been admitted into hospital for pneumonia, and been there in contact with B. and Z., was seized four weeks after (having been discharged in the interval) with severe febrile disorder. In B. there was no nasal affection from sixteenth to forty-third day of the disease; lumps of bloody tough mucus were excreted from the swollen and dark red mucous surface. In Z. nasal membrane was swollen and red, with epistaxis. D. and K. had no nasal affection. In all there was well marked broncho-pneumonia. B. had considerable erysipelatous eruption on face, with roseolous spots on trunk, and a sore on sacrum. Z. and D. had the erysipelatous inflammation of face and the roseola. D. had several subcutaneous abscesses and bedsores. In B. the fever was at first continued, and afterwards became intermittent, and was arrested with *quinine*. There were symptoms of disorder about heart, probably due to the formation of abscesses in its substance, and a similar one seems to have opened into rectum, causing evacuation of blood and pus. Just as convalescence was commencing, œdematous swelling of lower extremities ensued, lasting some time, owing, no doubt, to thrombosis of left iliac or inferior cava vein. In K. the fever was at first continued, subsequently intermittent; it seems to have yielded to *quinine*. Z. had considerable intestinal hæmorrhage, which very greatly lowered the fever; in all there was diarrhoea and splenic enlargement; in all the kidneys were affected, urine albuminous, depositing casts, renal and scaly epithelium; all had delirium, stupor, and disturbance of senses; during the delirium the temperature was highest. Examination of the blood showed considerable decrease of the solids in the entire liquid, and in the liquor sanguinis, with a corresponding increase of the water. The blood globules were especially diminished from about 173 per 1000 to about 140. The fibrine was somewhat increased, but its coagulating power diminished. The mineral constituents of the blood-globules were somewhat increased; those of the liquor sanguinis diminished. The red blood-globules had a great tendency to form rouleaux, and the white ones to group themselves together.

Reference to Zimmerman's paper of nearly 200 pages, on Four Cases of Glanders, in *Arch. of Path. Anat.*, 23, 209.



(37) *Lancet*, 1835-6, vol. i., p. 594; 1838-9, vol. ii., p. 114.

Cheetham's case quoted from the *Veterinarian*, January, 1835; Ion's case quoted from ditto, April, 1839.

(38) *Lancet*, 1843-4. Vol. i., p. 624.

From *Galignani's Messenger*.

M. Beuzard, of Verzy, in the Aube, was wounded in the cheek by the tooth of a glandered horse. Next day face became dreadfully inflamed; nostrils ejected a purulent matter like that of the glandered horse; his body was covered with gangrenous spots, and he died.

(39) *Lancet*, 1830-1. Vol. ii., p. 805.

By Mr. LEVISON.

A coachman opened a blister in knee with a lancet which he had used for a glandered horse, and not cleaned. He became delirious; roared, raved, blustered and swore in the most boisterous manner, and all for his horses. If incoherent on many things, he was more connected when speaking of horses or coaches. At last, to prevent his getting up, the attendants put ropes to the bed-posts and gave them to him as reins, and in this manner he continued driving till he died.

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## CLINICAL NOTES ILLUSTRATIVE OF THE CURATIVE ACTION OF A FEW MEDICINES.

By Dr. HARMAR SMITH.

*Ipecacuanha, Colocynth, Chamomilla*.—CASE I.

May 5th, 1880. Rev. D's. infant, at ten months, has cut several teeth, but gums hard. Has been suffering from diarrhoea for two months, increased since coming to Ramsgate a fortnight ago. Bowels act 5 or 6 times a day. Frequent vomiting. Globules of *ippecac*. (1 x) 2 every hour.

6th. No return of vomiting since the first dose of *ippecac*., but diarrhoea has increased—9 motions since yesterday morning. Griping pains. *Coloc*. (1), a pilule every 2 hours.

Evening. Received a message that I had no occasion to call, as the bowels had only acted once since the morning.

7th. Continues free from diarrhoea, although the mother says she finds it impossible to limit the food as I had directed. The action of the *colocynth* was as decided as that of the *ippecac*.



11th. Sleepiness. Crying and starting and other symptoms of nervous irritability, evidently connected with dentition. *Chamomilla* (3), a pilule every four hours.

13th. After taking the *chamomilla* the child became drowsy, and slept almost continuously, both by day and night, so that Mrs. D. became alarmed and discontinued it, thinking that I had given a narcotic.

18th. The infant has continued to improve, and is now perfectly well.

The marked effect of the *chamomilla* in the 3rd dilution would tend to disprove, in so far as can be done by a single case, a statement of Dr. Holcombe, adopted by my friend Dr. Hughes, that "the low dilutions are, as Dr. Holcombe truly says, 'of no more value in disease than catsup or mint teas.' *Chamomilla* begins at about the 6th potency to manifest its great curative powers."\*

On the other hand, Dr. Hirsch says: "Without recommending the drinking of camomile tea by cupfuls, thus much seems true, that *chamomilla* ought to be used in the cases of this sort for which it is indicated (gastric and intestinal catarrh) in strong doses; by which I mean several drops of the tincture, or even teaspoonfuls of a weak infusion of camomile."† In the matter of dose, both in regard to this and most other medicines, increasing experience tends to confirm my faith in my favourite motto, "in medio tutissimus ibis."

#### CASE II.—*Ipecacuanha*.

June 14th.—Mrs. V., æt. 76, widow of a medical man. Daughter came to me in great alarm, saying that her mother was seriously ill. I found her retching violently, a state of matters which had continued all night, and had caused great prostration, although there was no vomiting. The daughter states that Mrs. — is subject to these attacks (although this is an exceptionally severe one), and that they are more often induced, as on the present occasion, by cold than by indigestion. *Ipecac.* 1 x 0  $\frac{1}{2}$  hour.

Evening. I found as I expected, that the *ipecac.* had subdued the troublesome affection.

15th. An excellent night, and complete relief to the symptoms.

17th. Convalescent. To use the language of Dr. Hughes,

\* *Pharmacodynamics*, 2nd edition, p. 206.

† *British Journal of Homœopathy*, vol. 25, page 619.



“the action of *ippecacuanha* in this sphere may be thus defined: a moderate inflammatory irritation of the mucous surface, resulting through a reflex excitation conveyed by the incident nerves of the part, in vigorous expulsive muscular movement.”\* This was literally true in the case of the infant. In that of the old lady, the “irritation” was due to exposure to cold (sitting on the pier late in the evening), and began in the skin—was transmitted thence by contiguous sympathy to the mucous membrane, and thence to the afferent and efferent nerves and muscular fibres.

22, Augusta Road,  
Ramsgate,  
June 17th, 1880.

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## REVIEW.

*Hay Fever: Its Causes, Treatment, and Effective Prevention.*  
Experimental Researches by C. HARRISON BLACKLEY, M.D.  
2nd edition, revised and enlarged. London: Baillière, Tindall & Cox. 1880.

In our review of the first edition of this important and valuable work, we entered fully into its very interesting and instructive details. During the seven years that have elapsed since it was published, Dr. Blackley has prosecuted his experimental researches with all the ingenuity and ardour which characterised those detailed in the first edition. The conclusions he arrived at then have been fully confirmed by subsequent experiments, and the chief features of the present edition consist in a series of experiments made to determine the quantity of pollen requisite to produce hay fever, and some useful practical observations on the treatment and prevention of the disease. To the consideration of these two points we shall confine our present notice.

In chapter vii., Dr. Blackley details, with his usual minuteness, the investigation he made to determine the quantity of pollen necessary to produce hay fever.

The first step in his solution of this question was the determination of the number of pollen grains that could be collected when the earliest symptoms of hay fever manifested themselves, and the number present when the disturbance was first perceived. Twenty-five pollen grains were found when the first symptoms were noticed, and when they amounted to two hundred and eighty the signs of a really troublesome form of attack were unmistakable. The next step was to ascertain the relation existing between the quantity deposited on the slide, and that inhaled in any given period. The difference in the quantity of pollen in-

\* *Pharmacodynamics*, 2nd ed., page 339.



haled in a state of rest and during moderate exercise was also noticed. The experiments showed that 4.4 pollen grains were inhaled for every one deposited on the slide. It was also ascertained that during ten hours spent in the open air, at rest, 2,800 pollen grains were deposited. Active exercise would probably treble this amount. Hence active exercise in the open air necessarily increases the severity of attacks of hay fever.

These points being settled, the average weight of the pollen grains was ascertained. Dr. Blackley's account of the final step in this investigation is so interesting, and the result so striking, that we will not risk spoiling it by attempting a *résumé*, but give it in his own words:—

“In each case ten slides were counted, in order to neutralise possible errors. Ten slides of the pollen of *Lolium perenne* had an average of 160.8 on each slide; thus it was found that one grain, by weight, of this pollen would contain 6,082,000. Ten slides of the pollen of *Plantago lanceolata* contained 258.1 on each slide, so that it would require 10,124,000 to make up one grain by weight. Ten slides of the pollen of *Scirpus lacustris* gave an average of 620.5. Thus one grain by weight would contain 24,820,000 pollen grains. The pollen of the *Vacca* (an exotic) contained 87,888,000 in one grain.

“It is necessary to remark here that the weight of the single pollen grain differs in different years. In a number of experiments tried in 1874, one grain of the *Lolium perenne* was found to contain 4,400,000. At § 276 I remark, that ‘in addition to those influences which make pollen more or less capable of fulfilling its own proper function in the vegetable world, there also seems to be some influence at work which, independent of the quantity of the *materies morbi*, or condition of the patient, alters its power of producing hay-fever.’ I believe now that this difference is mainly owing to the difference in the size of the pollen grain, and that this again is dependent upon the kind of season. In late and cold seasons, such as we had last year (1879), we shall have ill-developed pollen. In warm seasons we shall, on the contrary, have large and vigorous pollen; and just in the same proportion will the intensity of the symptoms vary in any given year. The calculations which follow are based on the results of experiments specially made in the summer of 1876.

“We are now in a position to determine the weight of pollen necessary to bring on the malady. For this we have already some data collected. We know for example that the quantity of pollen deposited, as compared with that inhaled, in a period of twenty-four hours is as 1.0 to 4.4. But as a patient is not in the open air exposed to pollen more than eight hours out of the twenty-four, it will be necessary to reduce the 4.4 to 2.0, or less than one half.



“The quantity of pollen collected on the day when the disorder was fairly commencing was 74, and if we multiply this by 2·0 we have 148 as the product. The pollen of *Lolium perenne* contains 6,032,000 in one grain by weight, and as this is a fair average of the size of the pollens of the English meadow grasses, we may take it as a standard. If the number inhaled be divided by the number contained in one grain of this pollen, we get the exact weight of pollen that will bring on the disorder. Thus

$$\frac{148}{6,032,000} = 0,000,245 \text{ gr.}, \text{ or in other words less than } 1\text{-}40,000\text{th}$$

of a grain inhaled in each twenty-four hours suffices to bring on the malady in its mildest form. But we have seen that so small a quantity as twenty-five pollen grains, inhaled in each twenty-four hours, sufficed to produce perceptible symptoms in the case of the young patient in Scotland, as well as in my own case, so that the first indications of the advent of the malady may be produced by the inhalation of about the 1-120,000th of a grain of pollen.

“When the quantity of pollen in the atmosphere was the largest, and the symptoms of the disorder were the most severe of any day in the season, the deposit was 880 in the twenty-four hours;  $880 \times 2 = 1760$ ; and  $\frac{1760}{6,032,000} = 0\text{-}00029$  grain. Thus rather less than 1-3427th of a grain of pollen inhaled in each twenty-four hours will keep up hay-fever in its severest form.”

The evidence here given with so much care and with so much caution has an independent value, showing as it does how infinitesimal in quantity is the amount of matter required to produce disease in those specially susceptible to the influence of such matter. Surely there is nothing then either impossible or improbable in the fact that, in the cure of disease, matter equally infinitesimal in amount should influence persons predisposed by disease to be affected by it! We have abundant clinical evidence that it is neither the one nor the other; but that which Dr. Blackley gives is none the less valuable or important on that account.

On the treatment of hay fever Dr. Blackley is from his increased experience and observation during the last seven years, able to write much more clearly and positively than it was in his power to do in his first edition. The difficulties in arriving at anything like reliable conclusions are, as Dr. Blackley points out, in this form of disease peculiarly great. 1st, the *causa morbi* goes on increasing day after day during the season; and 2ndly, from the steady diminution in the dose of the pollen during the latter half of the season, and with this diminution the consequent decline in the symptoms, “remedies have been



credited with effects which were due simply to the diminution of the quantity of the exciting cause." (p. 248.)

To neutralise these sources of fallacy in his therapeutic observations, Dr. Blackley ascertained the amount of floating pollen, and measured the amount of pollen brought into contact with the mucous membranes. By these ingenious precautions he was able to estimate, at least approximatively, the value of any given therapeutic agent.

Dr. Blackley divides the methods of dealing with the subjects of hay fever into *prophylactic*, *preventive*, *curative*, and *palliative*.

It is impossible, within our necessarily restricted limits, to give even an analysis, that would be worth anything, of the remedial and palliative measures suggested. We can only name the *iodide of arsenic* and *sulphur* as being the two medicines which Dr. Blackley appears to have found of the greatest service. Several other medicines are mentioned as being of a greater or less utility in the treatment, but he adds that "it cannot be too strongly impressed upon the minds of those who would treat cases of hay fever, that individual peculiarities have an important bearing upon the selection of remedies"—(p. 253). Here, as everywhere in prescribing drugs, it is by the "totality of the symptoms" that we must be guided.

We should, however, be doing scant justice to Dr. Blackley were we, by mentioning two or three drug-remedies, to lead our readers to suppose that these constitute the entire "treatment" advised. It is far otherwise. Dr. Blackley goes with the greatest care into the consideration of every means—not excepting clothing—by which a hay fever subject may avoid or mitigate his unfortunate susceptibility to the action of pollen.

We would urge all who have to deal with this disease to study carefully Dr. Blackley's chapter on its treatment and prevention. It is an admirable and exhaustive piece of therapeutic writing, and we have, in reading it, felt how much simpler, and how much more efficient would be the treatment of disease, could the entire therapeutics of each malady with which we have to deal, be stated as clearly and thoroughly as Dr. Blackley has described that of hay fever.

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## NOTABILIA.

### LONDON SCHOOL OF HOMŒOPATHY.

DR. HUGHES began his summer course on May 8rd, with a consideration of some medicines omitted (to save time) from his primary list, and of some recent additions to our stores. These occupied four lectures. He then proceeded to exhibit and describe the actual "Materia Medica" of homœopathy, as formerly available in the manuals of Jahr, and of Noack and Trinks,



and as now collected in the *Encyclopædia* of Allen. The two following lectures were devoted to the sources, Hahnemannian and post-Hahnemannian, of our pathogenetic knowledge; and each of the works of which account was given was shown to the class. This part of the subject was concluded by a lecture on "How to study and use the *Materia Medica*." Dr. Hughes passed in review the plans proposed by Hering, Madden, and Dunham respectively, but objected to them all—(1) the enormous extent of the *Materia Medica*; (2) the untrustworthiness of much of its material; (3) the unintelligibility of its arrangement. He advised students not to attempt to study the *Materia Medica* as presented by Allen at all; but to learn the general actions of drugs from records of poisoning, detailed experiments on men and animals, and clinical experience. The use of the *Symptomen-Codex* was for *consultation*, in seeking to cover the symptoms of individual cases of disease. For this purpose the indices called "repertories" are necessary. The lecturer showed, as specimens of these, Hempel's, the *British (Cypher) Repertory*, and a sheet of Allen's forthcoming index to his *Encyclopædia*, explaining the mode of using them. He concluded with a caution not to be content with finding a symptom in a repertory, but to follow it up in the *Materia Medica* itself; there appraising it both critically and in the light of our general knowledge of the drug.

Dr. Hughes has since given two lectures on "The General Principles of Drug Action," and two on "Homœopathic Posology." He has now commenced a course of comparative *Materia Medica*, taking the drugs which act (1) upon the eye, (2) on pyrexia, (3) on the sexual organs.

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#### DRAMATIC PERFORMANCE IN AID OF THE FUNDS OF THE LONDON HOMŒOPATHIC HOSPITAL.

LAST year it was our pleasing task to record a successful dramatic performance on behalf of the funds of the hospital, resulting in a sum of £80 being handed over to the treasurer.

The ladies and gentlemen forming the "Thalian Amateur Company, by whose kindness this very satisfactory result was attained, have consented to give their services annually, and on the 27th May, at St. George's Hall, they presented to a very crowded and fashionable audience, including a large number of the supporters of the hospital, a highly finished performance of Dion Boucicault's well known and popular comedy, "London Assurance," and the equally popular comedietta, "Uncle's Will," by Theyre Smith. Both pieces were very well received: the former particularly, causing repeated outbursts of laughter and applause. It would be out of our province to offer a detailed



criticism of the performers and certainly ungracious to point out the few shortcomings, where high praise is due to all the ladies and gentlemen who so kindly contributed to the amusement of all present, and by their generous and hearty exertions brought about as a result a very handsome contribution of 100 guineas—or £25 more than in 1879, to the hospital funds. Between the acts, a cheque for £105—was handed from the stage by the hon. secretary and treasurer of the “Thalians” (our official manager) to the treasurer of the hospital, amidst the loudest applause.

We cannot, however, refrain from specially noticing the finished and graceful performance of Mrs. Conyers d'Arcy, as Lady Gay Spanker; a performance not, in our opinion, to be exceeded by any professional exponent of the part. Captain d'Arcy, Mr. Stephens, and Mr. Romaine Walker, were all that could be desired; nor, apparently, did Mr. Arthur S. Westmacott stand in much need of the indulgence claimed on his behalf. Miss Florence Worth acted well and looked very pretty.

We must not omit to notice that an excellent amateur band, under the leadership of Mr. Dean, discoursed pleasant music at all available intervals.

The concurrence of the State Ball at Buckingham Palace prevented the presence of the royal party who graciously patronised the performance.

We hear that early in the month a dramatic recital by Miss Helen Cresswell and Mr. Arthur Darley will be given at (probably) Steinway Hall on behalf of the funds of the hospital. From what we know of these artists, a treat is in store for those who patronise the entertainment.

## THE PREVENTION OF BLINDNESS.

(Translated from the *Journal d'Hygiène*.)

At the April meeting of the “Société Française d'Hygiène,” in Paris, Dr. Roth, of London, made a communication on the Prevention of Blindness; his request for assistance in collecting facts and statistics regarding the causes and prevention of blindness was unanimously accepted. The *Journal d'Hygiène* of the 10th June, 1880, publishes the following list of Dr. Roth's questions, read by Dr. Mercier at the May meeting of the Société d'Hygiène.

Dr. Roth will feel obliged to all his colleagues of the Société Française d'Hygiène, and of other societies, who would kindly answer the following questions, or any of them, or who would point out to him those papers which relate or refer to the subject of these questions. The answers might be sent directly to his address at 48, Wimpole Street, London; or to the editors of the *Journal d'Hygiène*.



1. What is the percentage of blindness in France, England, or any other country?

2. What is the proportion of those born blind to those blind from other causes?

3. What is the percentage of blindness from "ophthalmia neonatorum" in those blind from all causes?

4. What is the percentage of blindness from the following causes in the blindness from all causes:—

- a. From small-pox.
- b. From measles.
- c. From scarlatina.
- d. From syphilis.
- e. From scrofula.
- f. From various accidents.
- g. From trades and occupations causing eye-diseases.

5. What are the other general causes of eye-diseases, and, indirectly, of blindness?

6. What are the statistics of eye-diseases specially ascribed to the attendance of children at school, and youths in schools and colleges, etc., to the bad quality and insufficiency of light, to reflex light, bad positions, bad type, badly-printed books, the colour of the paper and writing-books, to too much work, and to other causes in schools?

7. What are the best practical means for neutralising the various causes of eye-diseases?

8. What are the practical means for diminishing the ignorance of mothers, monthly and other nurses, teachers, working men and women, and even of many medical men, with regard to the hygiene of the eyes?

The foreign members of the Société Française d'Hygiène who will kindly forward papers, or some information relating to any of the questions, are requested to send the desired information either to Dr. Roth, or the *Journal d'Hygiène*, at Paris; an abstract will be published with the names of all contributors.

In consequence of Dr. Roth's appeal, Dr. A. Warmont read, at the May meeting of the Société Française d'Hygiène, a paper, *A Contribution to the Etiology of Blindness* (published in the *Journal d'Hygiène*, 17th June, 1880). Dr. Warmont was physician to the large manufactory of looking-glasses at St. Gobain, where he collected his very interesting notes. After reading extracts from Ramazzini's *De morbis artificum diatriba* (the author being considered the father of the hygiene of trades and occupations), from Layet's *Hygiène des Professions et des Industries*, and from Tardieu, about the unhealthy state of glass and looking-glass workers, he mentioned the general *à priori*



belief that these workmen are subject to many eye and other diseases.

Dr. Warmont gave a short description of looking-glass manufactories, and named Louis Lucas de Nehon as the inventor in 1688 of the "moulding" of looking-glasses, and as a man who deserves to be inscribed on the list of the benefactors of humanity. Before Nehon's invention, the workmen had to take out from a crucible, with an iron ladle, a part of the melted material, which he had to blow out by means of his breath. The operation lasted long and was divided into several stages; at a fixed moment a second workman had to assist the first and make a hole in the globe of melted glass, while a third one divided the material, which was finally spread on a table in order to make it flat. Cochin, a known authority on the manufacture of looking-glasses, says that "Nehon's invention has saved the lives of thousands of workmen, has brought many millions of francs to France, and entirely upset the old Venetian mode of glass manufacture," but people still continued to make small looking-glasses by the old method and large ones by moulding. It took still a hundred years longer before they found out that by cutting large looking glasses, small ones could be obtained.

Dr. Warmont greatly surprised the members of the society when he declared that according to his own experience and that of Drs. Gaucheraud, Ponthieu, Biver (the previous and succeeding physicians at St. Gobain), and according to the latest information from Mr. Biver, the present director of the manufactory (whom he specially asked for information in order to answer with precision and exactitude Dr. Roth's inquiries), *that there is no special disposition to eye or any other diseases*, and that there is no working man at present at St. Gobain who got blind through his work; the oldest pensioned workmen have never known a similar case. This information is very valuable, as several generations of the same families of working men have continued working at the manufactory. The only precaution taken by the workmen who have to watch the state of the fire and the melting process of the glass, consists in looking through a piece of glass, which is coloured blue by cobalt, violet by manganese, or smoke-coloured by nickel—usually the blue is preferred; it is framed in wood, with a handle by which the foreman holds it before the small opening left for observing the fire and melting. A sample of this cobalt glass was handed round to the members of the society.

Dr. Warmont concludes with the following remark, which might be usefully applied to other medical prejudices: "That we must now give up all vague hypotheses and vain theories still prevailing in the hygiene of trades and occupations, and must



endeavour to base this science on a solid groundwork of experience and exact observation."

We trust that such of our colleagues as reside in the manufacturing districts will aid Dr. Roth in the very important series of researches he has commenced.

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### ALLOPATHS AND HOMŒOPATHS.

THERE has always been a conviction in the minds of most honest physicians that the "distinctive lines" which divide the profession of medicine into antagonistic factions are a disgrace to our civilisation and a hindrance to medical progress; and the desire to see these lines obliterated has led to a good deal of earnest thought and labour. Quite recently it has been suggested that we, as homœopathists, should abandon our distinctive name and disclaim an exclusively distinctive practice, in order thus to further the prospects of medical union. There can be no reasonable doubt of the honesty of those who make this suggestion, for some of them, at least, have done and are now doing most important work for medical science in other directions.

It has always seemed to us that to abandon a principle in order to obtain peace, is to pay an enormous price for a very unmusical whistle, and that to surrender a conviction for the sake of union is to attach to union a value which it does not possess. In regard to the question before us, we had better, first of all, consider whether a union of all medical factions at present would not be more disgraceful and more obstructive to the progress of medical science than the present state of discord. Such a union could be but a name at best for nearly all the homœopathists of the world, and would in reality be merely a surrender to the behests of the American Medical Association.

The great parties to the present medical controversy are, not allopathy on one side and homœopathy on the other, but the American Medical Association, claiming to represent allopathy, is arrayed against all physicians of all schools in an endeavour to get the control of medical thought and medical practice. The question is not whether we shall believe and practise allopathy; not whether they shall believe and practise homœopathy; but whether any physician, homœopath or allopath, shall be allowed to form and hold his own opinions, and practise in accordance therewith. Disguise the matter as we may, make excuses for it as we will, the war which that Association is waging against the advancement of medical science consists in an effort to crush out all medical practice which its members, in caucus assembled, have declared or may hereafter declare to be out of accord with their own opinions.

Of course the allopathist will make answer just here, that the anathemas of the Association are directed, not against liberty of



medical thought and action, but only against those "whose practice is based upon an exclusive dogma," to the rejection of the clinical experience of a past medical age; that all the Association wishes to secure is the exercise of that true eclecticism which proves all things in medicine, and holds fast that which is good; and that the homœopathist, because he refuses to do this, is to be persecuted, and, if possible, driven from the profession. This is the sophistry behind which the American Medical Association seeks to hide its infamy; as if any medical man, possessed of an ounce of brains, did not know that the exercise of a judicious eclecticism might be just as likely to result in the adoption of one general principle of practice, as in the selection of here a little and there a little from each and all systems, and the exclusive homœopath be thus as true an eclectic as the sanctified allopath, who takes whatever he wants from all systems, not forgetting to steal all he can lay his hands on from homœopathy itself.

That medical body, which claims the right to say that men shall not practise "upon an exclusive dogma," has an equal prerogative to prohibit any other particular form or method or principle of practice, which in their judgment or lack of judgment seems to them unwise. Nobody denies that medical men have the right to associate themselves under any system of bye-laws, and even to hold themselves aloof professionally from whoever they please, but it is a matter of history that the A. M. A. has gone farther, and sought to make laws for other physicians as well as for its own members, and has done its best to drive out of the profession those who had the audacity to denounce them and condemn their mediæval code. Can any physician—both thoughtful and honest—desire to unite with such a community of intolerant and arrogant spirits? Can such a union fail to involve medicine and its practitioners in deepest, darkest disgrace? It is all very pretty to talk about the lion and the lamb, "the young lion and the fatling" lying down together, but it is only a fool of a lamb that will lie down beside the lion without first securing proper guarantees that the lion is going to behave himself; and all past history shows that our allopathic lion is not a beast to be trusted. He hasn't yet begun to "eat straw like the ox," and until he does, the medical millennium has not arrived, and the lamb's only safety consists in eternal vigilance.

Our voice then, is still for war—for a controversy defensive and aggressive, to be maintained with vigour and determination. And if to-day every member of the American Medical Association should become an avowed homœopathist, we should still keep the sword unsheathed until that Association should abandon and utterly repudiate all claim to the exercise of a censorship over the medical opinions and practice of the age.—*Hahnemannian Monthly*.



“LOOKING FORWARD” AND “LOOKING BACK.”

THE ministry to minds diseased is a distinctly medical function, and there is a “preventive” aspect of medical psychology, not less important than the personal hygiene of the physical life. Nearly all the mental troubles that do not *directly* spring from organic disease—some of which may be reflexly the cause of physical changes in the cerebral and nerve structures they maltreat—are distinctly traceable to the effects of morbid imagining, and nearly all the disorderly mental processes of this class consist in unwisely “looking forward” or looking back.” Hope feeds on the future, and despair is poisoned by the dread of it. The misery of regret and disappointment is a creature of the past. The secret of health of mind and moral integrity consists in taking so firm a footing in the *present* that the mental equilibrium may not be easily disturbed. There is no need to ignore the lessons of the past, or to disregard the objects and obligations of the future, but it should not be forgotten that human life, with its opportunities, its duties, and its responsibilities, is an affair of *now*. We are led to offer this caution and recall the facts to memory because medical science has something to answer for in making men and women miserable by the discovery of incipient disease, which if simply unrecognised might in many instances have been harmless. The mental aspects of clinical practice are, we fear, too often left out of the count.—*Lancet*.

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BRITISH HOMŒOPATHIC SOCIETY.

THE first of the two meetings constituting the Annual Assembly took place last evening; the second will be held to-night (July 1st), when after the election of Officers for the ensuing session, and the Reports of the Treasurer and Committees have been presented, an Address will be delivered by the President, Dr. DUDGEON.

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OBITUARY.

AMOS HENRIQUES, M.D.

DR. HENRIQUES, who died somewhat suddenly on the 5th ult., was for many years one of the best known homœopathic practitioners at the west end of London. Born in Jamaica in 1812, he came to England for the purpose of studying medicine in 1830, when he entered as a student at St. Thomas's Hospital. After his admission to the College of Surgeons he studied in Paris and in Italy, graduating at one of the Italian Universities. He subsequently commenced practice in Athens and afterwards at Constantinople, where he received a commission from Sultan Mahmoud to organise a medical staff for the army. The defeat of the Turks at the battle of Nezid in 1839 led to his being taken prisoner, but escaping, he began a series of wanderings in a state



of absolute destitution, which did not terminate until his arrival in Egypt, where he made the acquaintance of the Marquis de Litta, a Milanese nobleman with whom he travelled as medical attendant for a year and visited a great part of upper Egypt. In 1840 he again arrived in England, but hearing of an opening for practice in his native island, he returned to Jamaica, and there practised with considerable success for several years. In 1847 he was once more in London, and soon after his arrival he studied and began to practise homœopathy. He was one of the surgeons of the Hahnemann Hospital, and an occasional contributor to the *British Journal of Homœopathy*. He also wrote an excellent reply to Sir John Forbes' work on "Nature and Art in the Cure of Disease." At this time he was physician to the Spanish Embassy, and received the Order of King Charles III. of Spain. He had also been decorated with the Turkish Order of the Mediji.

Dr. Henriques was a thorough homœopathist, and a singularly quick and accurate diagnostician. In private life he was a most amiable and hospitable man, and the object of the warm affection of a large circle of friends.

Six or seven years ago an attack of apoplexy, followed by paralysis, occurred, from which, however, he recovered sufficiently to enable him to receive patients at his house. It was, we believe, a second attack which was the cause of his sudden death.

## CORRESPONDENCE.

### THE LONDON SCHOOL OF HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In your leading article of June, there are a few points on which I claim your courtesy to admit a short reply.

There have always been, from the first introduction of homœopathy into England, two parties, among those holding its doctrines, within the profession. These have been—

1stly. Those who followed the late Dr. Quin, whose idea appears to have been the gradual infiltration of the homœopathic doctrine into the whole medical profession, by the self-propelling power of its innate truth.

2ndly. Those who, like the late Dr. John Epps, endeavoured to teach its doctrines publicly.

The Quinite party triumphed over honest John Epps, and we have the melancholy failure of Quin's triumph continually before our eyes, shown as follows:—

1. A very small body of professional men, who openly acknowledge the truth of the homœopathic law, and who practise it more or less. 2. A few men, among the allopaths, who empirically use some of our remedies, for the most part without



acknowledgment. B. A few professors of *Materia Medica* (Ringer, Phillips and Bartholow), who publish certain actions of medicines which we claim to be homœopathic, but which they do not acknowledge so to be.

If the "gradual infiltrators" are satisfied with this state of things, I confess I am not.

It seems to me that our "science and art" are in great danger of being damaged, by the admixture of a great deal which is false science and false art, owing to this "infiltration" into allopathy. Every man, who so chooses, may give himself out to be a homœopathic practitioner, on the strength of giving a dose or two of *aconite*, and by his ignorance or wilful departure from our law and practice, by his leechings and purgings, may bring great discredit on Hahnemann's reform.

What I claim is that, since the medical profession has become an *allopathic monopoly*, since the "teaching bodies" and the "examining bodies" choose to ignore our *great medical reform*, it is time that we shall consider how best to break down the monopoly and to throw the domain of medicine open to our reform.

But before this can be done, we must first show, and show openly, how far our reform extends. We must, as I have said, first enlarge our hospital till it becomes a worthy canvas on which we may see, at a glance, a very large number of cases of disease depicted in their varied acute and chronic forms beneath the student's eyes.

We must here follow the experience of the allopaths, and never rest satisfied with a clinical school of less than 120 to 150 beds.

Next, we must continue our two essential courses of lectures—1stly, *Materia Medica* and *Therapeutics*; 2ndly, *Principles and Practice of Medicine*.

And we must pay painstaking attention in these latter to our special method of the "indications for treatment" according to the homœopathic law, which differ very materially from those taught under the allopathic method. Sooner or later I am convinced our method must, to a very great extent, modify the study and teaching of pathology.

Then, seeing that there is no single examining body among the nineteen (of whom you speak) which recognises or examines in homœopathy, we must (in the interests of our science and especially in the interests of the public, with a view to protect them against charlatanry and ignorance) seek powers to give licences in homœopathy to those who prove themselves to have studied the science and art of Hahnemann, and who have become proficient in it.

I confess that there are difficulties in the carrying out this idea, but these are by no means insuperable.



It will be unprofitable, at the present time, to enter into details. Probably it may be needful first to have many conferences, both among ourselves and with the authorities, before deciding on our mode of action; but unless we provide and continue to give, (1) increased clinical instruction in a large hospital, (2) public teaching of our principles by lectures, and (3) proceed to incorporate ourselves into a licensed body, with powers to grant degrees, we must be prepared to see homœopathy lost as part of the art and science of medicine in England.

There can be no amalgamation between homœopathic and allopathic practice without great loss and detriment to the truly scientific character of Hahnemann's reform.

I am not so utopian as to expect that we can found a new school of medicine, which shall at once attain the scientific position of the older schools, but if we only have faith and patience, we shall, within no long period, be able to assert ourselves in such a way as to command the respect even of our opponents.

The cry of "sectarian position" is a mere "cuckoo cry." We cannot be more completely divided from allopathy than we are, and this division (though at one time I deplored it) appears to me to have been wisely ordained for the preservation of our great homœopathic law in its entirety and purity within the domain of medicine. We cannot be "cut off from the profession of medicine" (I quote from your leader) if we practise medicine as a profession, honestly for the good of the public, for the furtherance of its noble science, and apart from all personal considerations of gain or of "praise of men."

On the contrary, give us a professional standpoint of our own, and we shall soon be in a position to show that it is our opponents and not we who have all these years been in the wrong.

Let us ask ourselves one single question, "What is most for the benefit of patients?" Will it be better for them that physicians shall be perfected in a knowledge of homœopathy? If we answer this in the affirmative, as I have no hesitation in saying every honest homœopathic physician will do, what becomes of the Pecksniffian, high-collared, pill-and-potion old fellow, who shakes his head, distilling a perfume of colocynthine locks, laden with aloes and black draught, gravely saying, "But 'the profession,' my dear sir, the profession!" I answer him in all good faith, "My dear sir, the *profession* was made for the benefit of the *public*, not the public for the profession." If *professionalism* benefits the public, by all means let us have it, but if it obstructs public good, and creates a monopoly, obstructing free development of medical science, then, sir, sweep it away with the besom of scientific progress, send it to the limbo of the falsehoods and evil inventions of past paganising idolatries, and there let it lie. Don't try to frighten us any longer with bogies that ought to be



and will be soon forgotten. As to that little infusion of a confused knowledge of a few of the medicines used by homœopaths, which trickles by driblets, soon to be absorbed into the great allopathic Sahara, I count little of these. They are taken as useful "tips," and if used indiscriminately, and without the guidance of our law, are sure to end in failure. This failure is then assumed to prove that our medical reform is a delusion. And thus our science and art receive the blame which truly belongs to the want of science and knowledge of the practitioner. These, gentlemen, are some of my thoughts and views. Perhaps you will consider me very *radical*, but, at least, there is nothing in the present *medical monopoly*, held by the allopaths, which deserves your *conservative* efforts. "Cut it down! Why cumbereth it the ground?"

Yours very truly, WILLIAM BAYES.

[We fully sympathise with our correspondent's regret, that greater, more persistent, and better organised efforts were not made many years ago to extend a knowledge of homœopathy among medical men. And it is, because we see with him, that the enlargement of our hospital and the thorough development of our school are calculated to remedy the defects of the past, that we have in this *Review* supported both these institutions so uniformly as we have done, and as earnestly as we could. It is, also, because we believe that any attempt to establish a licensing board for homœopathic practitioners will do much to neutralise the good that both hospital and school are likely to effect, that we oppose any scheme of the kind suggested.

Every great reform in science, as in all else, is gradual. What he terms the "gradual infiltration" of homœopathy into general practice is, in our view, the first stage in the process which is going on, and which we believe will culminate, at no very distant date, in the substitution of homœopathy for the present empirical methods of drug prescribing; in the teaching, at all medical schools, of homœopathy on a scientific basis, and not, as at present, as a mere collection of therapeutic "tips." The only reason why this is not done at present is, that doing so would expose those who did so to certain professional pains and penalties. It is to the removal of these that our efforts must be directed. Difficulties of this kind are less prominent now than they were; and we have reason to believe that ere long they will be less so still. Any such scheme as Dr. Bayes proposes would in our opinion do much to perpetuate them. We must sustain, encourage, and endeavour to relieve our weaker brethren, not increase their difficulties. On this ground, if on no other, it is undesirable. What he terms the "allopathic monopoly" is breaking down both here and in the United States. We must be careful, lest by any act of



ours we interrupt the process. Dr. Bayes suggests that we may think him "very radical" in his proposals. Well we do, and yet more they appear to us like the proposals of a radical who has not the responsibilities of office upon him. These, the experience of the political world during the last few weeks shows us, become wonderfully toned down when once the proposer is made a minister. We have seen how wide is the difference between the speeches of a candidate for parliamentary honours and those of the same man when performing the duties of a member of Her Majesty's Government! And we feel that if Dr. Bayes were to take a broader view of the situation, he would see that his scheme to license medical men to practise homœopathy would check at once and for years to come the progress which is being made towards that general adoption of homœopathy, on a scientific basis, which, if we but practise carefully and teach faithfully and fully, both in the lecture room and the press, is as certain to come as that homœopathy is true.—Eds. *M. H. R.*]

## THE NEW EDITION OF THE HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In default of the appointment of a committee to revise the Homœopathic Pharmacopœia, I feel that we ought to adopt some other plan to make the new edition as perfect as possible, and propose that the homœopathic chemists as a body, or all who have discovered any processes which they consider an improvement on those contained in the Pharmacopœia, should suggest them through the medium of the pages of the *Homœopathic Review*, in order that they may be put to the test of further experiment to prove or disprove the deductions arrived at. Acting upon the principle that example is better than precept, I offer some suggestions which I hope may only be the precursors of more important ones.

On page 29, the instructions for making the 4th attenuation from the 8rd cent. trit. are, "dissolve 1 grain of the 8rd cent. trit. in 50 minims of distilled water, and then add gradually 50 minims of rectified spirit, thus forming dilute spirit." This I think an error; to add rectified spirit to a watery solution must of necessity cause a precipitation, though as a matter of course through the infinitesimal quantity contained in the fourth attenuation it is almost impossible to prove it by the ordinary tests; but reasoning by analogy it must take place. Take any infusion or dilute spirit tincture, and add to it an equal quantity of rectified spirit, and what is the result; the liquid clouds and finally deposits in greater or lesser quantity. By what positive proof or



process of reasoning can you arrive at the conclusion that the same result does not take place when you add 50 minims of rectified spirit to the watery solution of any of the insoluble medicines; your inability to detect it is not sufficient proof that it does not take place. This opinion was evidently held by the compilers of the Pharmacopœia, for on page 80, in the instructions to make the dilutions, the strength of the spirit is gradually increased up to rectified.

The formula should be, dissolve 1 grain of the 3rd cent. trit. in 50 minims of distilled water, and then add gradually 50 minims of proof spirit, then gradually, as on page 80, increasing the strength of spirit up to rectified spirit; or a better formula still for the majority would be, dissolve 1 grain 8 cent. trit. in 84 minims of distilled water, when dissolved 88 minims of glycerine, and when thoroughly mixed add 88 minims of proof spirit. By the adoption of this formula you have a 4th attenuation which will keep a considerable time. I have *merc. sol.* and two or three others which have been made eighteen months; they remain perfectly bright, without sediment or incrustation round the cork.

Before proceeding with any remarks on the Pharmacopœia processes, I must briefly allude to the extraordinary power glycerine possesses of protecting some drugs from the influence and action of others of an antagonistic nature. By its aid you can combine drugs which are quite incompatible, the mixture remaining perfectly bright; and, strange as it may appear, some of them are mechanically mixed without chemical change. For instance, *chin. sulph.* and *kali iod.*, *ferri cit. et quin. sulph.* and *kali iod.*, *ferri cit. et strych.* and *kali iod.*, and numerous other mixtures of incompatible drugs can be made, the mixtures remaining perfectly bright. It has also the power of protecting some of our preparations from the well known decomposing effects of rectified spirits of wine, hence therefore its use in the following formulas.

The attenuations of the acids would be materially improved by the addition of 10 per cent. of glycerine in place of the 5 per cent. of rectified spirit, after which proof spirit may be used for the next attenuation. If you add glycerine to the first attenuation of *acid sulph.*, the 2nd attenuation may be made with proof spirit. I have *pilules acid sulph.* 2, which are more than twelve months old, and they have not changed colour, though a great part of the time they have been exposed to the direct rays of daylight.

*Ammonium carbonicum* should be dissolved in distilled water 1 in 5, then add 5 of glycerine for 1 x 1st cent., made with dilute spirit, 8 x with proof spirit, 2 with 20 o.p. spirit, and afterwards with rectified spirit.



*Ant. tart.* formula should read dilute alcohol may be used for 2nd cent. proof spirit, for 5 x, 20 o.p. spirit, for 8, and afterwards rectified spirit.

*Arg. nit.* A solution of 1 in 10 in distilled water for 1 x when required.

For 1, dissolve 1 in 50 of distilled water, then add 50 of glycerine; for 2.1 in 5 of glycerine then add 95 proof spirit 3 in 20 o.p. spirit, afterwards using rectified spirit. There may be doubts in the minds of some as to the use of glycerine, and *argentum nitricum* is a good test drug. I have by me tincture and pilules 2nd cent. attenuation, which have been made more than fifteen months; the tincture is as perfect as when made; the pilules have not changed colour in the least; they are as white as when medicated. Dr. Craig kindly permits me to add his testimony as to their therapeutic value; he has used them continuously during the time, and is perfectly satisfied with the results, and pleased with the preparations.

*Arsenicum alb.* A tincture 1st cent. may be made, and so displace the solution now in use. Take 96 grains of *arsenic* in powder, put in a test tube, add half an ounce of glycerine, boil until dissolved; then add proof spirit up to a pint, 20 o.p. spirit for 8 x, afterwards rectified spirit. This preparation is much superior to our present one, and we know the proportion of *arsenic* it contains; in the one at present in use we cannot say exactly the strength, as there is no provision made for the loss of the drug which passes off in fumes during the process of boiling 20 ounces down to 15. If a stronger preparation is required, it is easily prepared, as half a dram of *arsenic* can be dissolved in a dram of glycerine in five minutes.

*Aurum muriaticum.* Add 10 drops of glycerine to 10 drops of 1 x attenuation; when well mixed, 80 drops of proof spirit for 1 cent. tincture 8 x should be prepared with proof spirit, 2 with 20 o.p. spirit, 5 x and upwards with rectified spirit.

*Baryta acet.*, *baryta iod.*, *baryta mur.* may all be made in tincture for the 2nd cent. attenuation by dissolving the drug in 50 minims of distilled water, and adding 50 minims of glycerine for the first attenuation. No. 2 may be made with proof spirit.

I have *baryta iod.* 2 in tincture which has been made twelve months, perfectly bright, entirely free from deposit, and unchanged.

*Arsenicum iodium.* Dissolve 10 grains in 50 minims of distilled water, and add 50 minims of glycerine for 1 x for 1 cent. 10 drops of 1 x, 10 drops of glycerine, and 80 drops of proof spirit. These preparations have stood the test of twelve months.

*Bromine* will keep longer if glycerine be added; the fumes do not fly off so rapidly from the heavier fluid. It being so exceed-



ingly volatile in spirit, all the attenuations should be freshly made as well as the lower.

*Ferri aceticum* and *ferri iod.* can be made in tincture 8 x by the addition of glycerine as for *aurum muriaticum*.

*Kali bich.* tincture 2 may be prepared by adding glycerine to the 1st attenuation. Some made eighteen months since is as clear and bright as when first prepared, but it requires to be made from freshly prepared 1 cent. attenuation.

*Kali chlor.*, *kali nit.*, *magnes. sulph.* should not be carried from dilute to rectified spirit, but from dilute to proof spirit.

*Mercurius cor.* trituration should not be permitted as combined with sugar of milk it soon forms *chloride of mercury*. For 1 x solution rectified spirit. There being a difference of opinion respecting its action on *alcohol*, I think we shall find the best formula for 1 as follows: dissolve 1 grain in 20 minims of distilled water, add ten minims of glycerine, and when mixed 70 minims of proof spirit.

*Merc. dulcis* requires a note that it should not be kept more than six months, as it is also liable to change when triturated with sugar of milk. It is a question whether all the *mercury* triturations should not be made more frequently than is generally done, and not kept for any great length of time.

*Natrum muriaticum* should read solution in distilled water for 1 x proof spirit for 1, and then as other attenuations.

*Plumbum aceticum* should not be carried direct from a dilute tincture to rectified spirit, the 8 x will in time show a deposit.

In conclusion, I would suggest that experiments should be made with glycerine in the preparation of our mother tinctures; this is very debatable ground, as the highest authorities differ materially, one saying "that glycerine is best discarded altogether in all cases where the active principle is of a resinous nature," another, "For the resinous tinctures half an ounce in a pint is quite sufficient; it will produce a percolate of much richer colour, and will more thoroughly exhaust the drug." Where authorities differ so much, we must by practical experiment in each case determine the best process to adopt. Personally, I am inclined to adhere to the opinion that resinous tinctures are improved, and that it is the drugs containing gum where glycerine must be discarded, dissolving so much of the starch, that it is impossible to get them bright. *China*, *hamamelis*, *ipéc.*, *arnica*, *calendula*, are all improved by the addition of glycerine. *China* is a much richer tincture with a ten per cent. of glycerine, and the menstrum is much more exhausted. Apologising for the length of my letter,

I am, Gentlemen,

Yours very truly,

Hanley, 17th June, 1880.

JOHN TIRREL.



## CALF VACCINE LYMPH.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Your readers will find by the newspapers of the 12th instant, that the present Government has promised to inaugurate calf vaccination as a department of our national vaccination.

During the last two years and a half, I have been working without intermission in this direction, and I now hail the announcement by Mr. Dodson with much satisfaction.

Two days before the announcement was made, Dr. Warlamont, from whom I had, at considerable expense, had my supplies during the last six months, announced to me that he could no longer supply me, owing to other arrangements.

Under these circumstances, I now recommend those who are anxious to forward the production of calf lymph by the British Government to write to Dr. Buchanan, Local Government Board, Whitehall, enquiring when and at what cost he can supply *large* ivory points of calf vaccine; or address the question through your Member to Mr. Dodson in the House. Meantime, Dr. Wilson, Yoxall, Burton-on-Trent, is willing to supply your wants.

In retiring, in the mean time, from the most anxious and arduous work of producing and supplying calf vaccine to the profession, I beg to thank sincerely those of my professional brethren who have so kindly encouraged my efforts during the last two years and a half.

GEORGE WYLD, M.D.

12, Great Cumberland Place,  
16th June, 1880.

[We cannot allow the publication of this letter without expressing at the same time, our deep sense of the obligations the profession are under to Dr. Wyld for his persistent efforts to introduce this mode of vaccination into England. We have observed with regret that one or two notoriety hunters have endeavoured, by coming to the front now, to deprive him of the credit which is his due. It is to his exertions that we owe the introduction of calf vaccination, not to those of any other person at all.—Eds. M. H. R.]

## IS IT A FACT?

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Dr. Sharp, in his reply to some objections to the views entertained by him made by Dr. Hughes, writes, “It is important to remember that a substance which, when taken in health, is hurtful in some quantities, but beneficial in others (like alcohol), is not a drug.” Now is it a fact that alcohol



taken in health is beneficial in any dose? Being interested in this subject, I remember the papers in the *Contemporary Review*, a paper by Dr. Pope, and one in reply thereto by Mr. Ainley, both published in your journal. From these papers I gathered that alcohol was really only beneficial when a person was out of health, that is to say when he was what is called "run down." Mr. Ainley, indeed, denied it any value in disease, or at any rate seemed to think that, where it had appeared to be useful, other and better remedies were within reach. In the face of these authorities, Dr. Sharp writes of it as "beneficial in health." Is it a fact that it is so? Or is it only taken "in health" to produce pleasant sensations, at the risk of doing an amount of evil, which the person taking it supposes himself capable of surmounting? Is it, after all, not a drug which enables us, by its specific action, to tide over a certain amount of undue strain?

Yours, &c.,

M. D.

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### THE HOMŒOPATHIC PHARMACOPŒIA.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Will you allow me (through you) to call the attention of those gentlemen who are at present engaged in superintending a revision of our Pharmacopœia, to a question to which I do not remember ever to have seen any reference. I allude to the medium in which nearly all our drugs are prepared and preserved, viz., alcohol.

However much we may differ among ourselves as to the use of alcohol as a beverage, we must all agree that it is a drug; that is to say, it produces physiological and toxic effects over and above any nutritive value it may possess; and it seems unwise, on the face of it, to use one drug in a crude form as a vehicle for administering another in a highly attenuated form when our object is to obtain the action of the latter only.

I would therefore suggest for their consideration whether any other medium can be used which shall not be open to this objection; and would call their attention to the fact that all "tinctures" used in the London Temperance Hospital are made with a solution of glycerine and water, which is reported to answer every purpose (? preservation) for which alcohol is usually employed, besides being only one-fifth of the cost.

I am not a total-abstainer, and bring forth this question entirely from a wish to see our drugs as single-hearted as they can possibly be made.

I am, Gentlemen,

Yours faithfully,

Birmingham,

EDWARD M. MADDEN.

17th June, 1880.



ERRATA.—Page 363, line 10 from the bottom, for Botken *read* Botzen.  
Page 364, line 22 from the top, for Hardinger *read* Haidinger.

## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

Communications, &c., have been received from Dr. BAYES, Dr. WYLD, and Mr. CHAMBRÉ, London; Dr. R. HUGHES, Brighton; Dr. SCRIVEN, Dublin; Dr. H. SMITH, Ramsgate; Dr. WINSLOW, Pittsburgh; Dr. PRÖLL, Gastein; Mr. TIRRELL, Hanley; Dr. A. CAMPBELL, Adelaide; Dr. PURDON, Newcastle-on-Tyne; Dr. KNOX SHAW, St. Leonards; Dr. MADDEN, Birmingham, &c..

We have received a letter regarding Dr. SHARP'S views on alcohol from a correspondent who has omitted to enclose his card. We regret that in consequence of this omission we have been unable to publish his letter.

## BOOKS RECEIVED.

*Surgical Diseases and their Homœopathic Therapeutics.* By J. G. Gilchrist, M.D. Chicago: Duncan Bros. 1880.

*Handbook of Diseases of the Skin, and their Homœopathic Treatment.* By J. R. Kippax, M.D., LL.B. Chicago: Duncan Bros. 1880.

*Kurze Mittheilungen über Wildbad Gastein und über den Gebrauch des versendeten Gasteiner Heilwassers.* Von Dr. Gustave Pröll. 1877.

*The Homœopathic World.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.*

*The Homœopathic Times.* New York.

*Homœopathic Journal of Obstetrics.*

*Therapeutic Gazette.* New York. May.

*The New England Medical Gazette.* Boston.

*The Hahnemannian Monthly.* Philadelphia.

*The Cincinnati Medical Advance.* Cincinnati.

*The United States Medical Investigator.* Chicago.

*The Medical Observer.* Detroit.

*The American Homœopath.* New York.

*Boericke & Tafel's Quarterly Bulletin.* Philadelphia.

*L'Art Médical.* Paris.

*Bulletin de la Société Médical Hom. de France.* Paris.

*L'Homœopathie Militante.* Brussels.

*Revue Hom. Belge.* Brussels.

*Allgemeine Homœopathische Zeitung.* Leipsic.

*Homœopathische Rundschau.* Leipsic.

*Rivista Omiopatica.* Rome.

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYON BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE ROYAL COLLEGE OF SURGEONS OF IRELAND ON HOMŒOPATHY.

At a time when, in England, Scotland and America, the practical results of the teaching of homœopathy are being rapidly adopted by all thoughtful and intelligent physicians and surgeons, the corporation known as the Royal College of Surgeons of Ireland has deemed it expedient to issue a revised mandate to its Fellows and Licentiates not to hold the most remote professional intercourse with the very men who have provided the materials for the improved therapeutics of the Schools! In any other country than Ireland, and among any other people than the Irish, this would be simply astounding. But in that green isle, and among that warm-hearted and impulsive people, ignorance and superstition linger and delight to dwell, and their offspring, prejudice and bigotry, naturally assert their sway. Hence no one will be surprised to hear that, while the offensive bye-law of the British Medical Association has been expunged, while in England attempts to call a consultant, who has met a homœopathist in consultation, to account for having done so have lost their interest—the Irish College of Surgeons has revived its ordinance of 1861, and in doing so has endeavoured to render it as comprehensive in its bigotry and insolence as the law of the land will allow.



The original ordinance of 1861 was in direct contravention of the 23rd section of the Medical Act, inasmuch as it compelled, on pain of censure or expulsion, its Fellows and Licentiates not to practise homœopathy, while the Medical Act imposed a penalty on any body insisting upon its candidates for examination refraining "from adopting the practice of any particular theory of medicine or surgery." To acknowledge the letter of the law, while ignoring its spirit, was a very natural proceeding in the land of Home Rulers, and among the inventors of Parliamentary Obstruction. Hence, while withdrawing the order not to practise what the Council, in its ignorance, is pleased to term "the deception called homœopathy," the College have satisfied themselves with ordering their Fellows and Licentiates not to have "any professional communication with any person who professes to cure disease by the deception, &c.," and with asserting that "to engage in the practice of homœopathy" is "inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College." The editor of the *Medical Press and Circular*, in a leading article on the subject (June 30), exhibiting most conspicuously the narrow-mindedness and ignorance in regard to homœopathy which has ever characterised that journal, congratulates himself that if the practice of homœopathy cannot be prohibited to the Fellows and Licentiates of the College, consultation with homœopaths is left "a subject of absolute prohibition and of Collegiate censure."

The following is the version of the ordinance as it now stands on the books of the College :—

"That the Ordinance of Council of the 22nd of August, 1861, be and it is hereby rescinded, and instead thereof it be now resolved—That it be an Ordinance of the Council that no Fellow or Licentiate of the College shall seek for business through the



medium of advertisements, or of any other disreputable method, or shall consult with, advise, direct, or assist, or have any professional communication with any person who professes to cure disease by the deception called homœopathy, or by the practice called mesmerism, or by any other form of quackery; or who follows any system or practice considered derogatory or dishonourable to physicians and surgeons.

“And be it furthermore resolved, that in the opinion of this Council, it is inconsistent with professional propriety, and derogatory to the reputation, honour, and dignity of the College to engage in the practice of homœopathy or mesmerism, or any of the forms of quackery, as hereinbefore set forth.”

The first question that occurs to us on reading this remarkable document is, who are the persons who have formulated it and have agreed to live under its yoke? They are surgeons, who obviously know nothing whatever of the subject they have denounced! The writer of the article in the *Medical Press and Circular*, from which we have quoted, describes homœopathy as treating “sick people with billionths,” and proceeding “to cure the disease with what makes the disease.” Books, pamphlets, and essays almost innumerable have appeared during the last eighty years descriptive of what homœopathy is, and how homœopathy is practised, written by physicians who have had large practical experience of it, and yet, notwithstanding all this, here is a Dublin surgeon assuming the responsibility of instructing his professional brethren and palming off upon them such arrant nonsense as that contained in this passage! It is difficult to imagine any man so utterly ignorant of homœopathy, at this time of day, as to be capable of writing a definition of it honestly and seriously, and without any desire to mislead. Then, again, one of the surgeons who was taxed with having consulted with a homœopathic physician argued that it was



impossible for him to have "consulted" with him, as he did not understand his medical ideas! Who among the Council of the College, who among its Fellows has ever given the slightest evidence of possessing any knowledge of homœopathy? Not one. And yet these persons have the presumption to denounce it as "a deception." It is but a repetition of the old story of the King of Siam and the Dutch Ambassadors, which tells us that the king, after having listened patiently to a number of wonderful stories of the doings in Holland, when told that in winter-time the people walked upon water in that country, replied, "Now I know that you lie!" These people, who so emphatically denounce homœopathy, know no more about it, either theoretically or practically, than the King of Siam did about the influence of temperature upon water. They are as ignorant as he was and as confident.

Then again, we notice, that the head and front of the offence described in this ordinance is not the practice of homœopathy, or as it terms it "the deception called homœopathy," but professing to do so—he "who professes to cure disease by the deception called homœopathy" is the sinner, not the man who, like a large number of physicians of the present day, practises homœopathy and denies its truth. To do one thing and say another is we presume a specimen of that "higher professional morality of Irish surgeons" of which the *Medical Press and Circular* boasts so proudly. To give *arsenic* in irritative dyspepsia is good and sound practice, to prescribe *aconite* in sthenic fever is all right, to treat pernicious anæmia with *arsenic*—as Dr. FINNEY of Dublin told us lately that he had done so successfully—is creditable, to give *ipêcacuanha* in vomiting is often useful, but to acknowledge that all these valuable hints were derived from homœopathy—would, but for homœopathy, never have been known—may be true, but is,



in Ireland at any rate, immoral. It is of course perfectly correct for Dr. MURRELL to cure whooping cough with *drosera* (*Lancet*, April 3rd, 1880), quite proper for him to point out that, while five drop doses of the tincture produced a medicinal aggravation, half drop doses were rapidly curative, and it is highly decorous and becoming, shows a due appreciation of the "reputation, dignity and honour" of the profession to which he belongs, for him to point to an extract from a French journal published in the *Lancet* of the 3rd of August, 1878, as the original source of this prescription; but had he, as he might have done, referred to HAHNEMANN'S *Materia Medica Pura* published sixty or seventy years ago, or to any of the numerous works on therapeutics, regarded from a homœopathic point of view, which have appeared since, and shown from them that *drosera* had for a long series of years been well known as a remedy in some cases of whooping cough, he would—from an Irish point of view—have been guilty of an immorality! There is perhaps no fact which has been longer or better established in homœopathic therapeutics than the frequency with which whooping cough may be cured by *drosera*. This knowledge too has been derived from a study of the physiological effects of *drosera* in health. It is a piece of pure homœopathy.

Not a few reputations have, of late years, been made by physicians gleaning hints from the published practice of homœopaths, and palming them off upon the profession as novelties, as the original ideas of the writers! Such persons commonly and, we admit, not unnaturally, denounce homœopathy loudly. One of them, the greatest offender of any, probably, a physician who has written largely upon therapeutics, one nearly the whole of whose practical hints of any value have been derived from homœopathy, would not meet a homœopathic physician in



consultation on any account whatever ! He practises homœopathy constantly for the good of his patients, to secure his success in the treatment of disease, and he repudiates homœopathy and those to whom he is indebted for the bulk of his knowledge of the action of drugs—why ? Because to do otherwise would injure his chance of professional promotion.

This is the style of morality to which such acts as the ordinance of the College of Surgeons of Ireland reduce the profession. Honesty in therapeutics, at the present day, is inconsistent with success in the race for professional honour. Can this last ? Is it to be proven that, in medicine, honesty is *not* the best policy ? We trow not ; no, not even in Dublin.

Homœopathy is pressing its way into the general practice of medicine at such a rate, that, within no very long period of time, it will be impossible for even a Fellow of the Royal College of Surgeons of Ireland to deny its reality. These persons will probably do so later than others, for they have committed themselves to the assertion that it is a “ deception ” more loudly, more pertinaciously than most others have done. No college in England has been so blinded by homœophobia as to have committed itself to the extent that the Dublin College has done. It is nearly thirty years ago since the College of Surgeons of England was requested to take the course the Dublin College took so lately as the other day, and point blank refused to do so.

By limiting the effect of its ordinance to those who profess to cure disease by homœopathy, that is, to those who openly acknowledge the source of their knowledge of the action of drugs and the principle which they endeavour to follow in selecting suitable medicines, the Fellows of the Irish College have placed a premium upon hypocrisy, rendered disingenuousness profitable, endorsed the appro-



priation by their body of the work of other men, and given them reason to describe as original that which they have learned from their predecessors—provided only the predecessors were homœopathists! Such is the “higher morality of Irish surgeons.”

The readers of the *Medical Press and Circular* are forewarned that they will be met with “a howl of ‘trades unionism’” by “the homœopaths—their medical backers, and by the very voluble old lady talkers who support these practitioners;” and it is added that “Such a cry is the only possible answer to the emphatic pronouncement of the Irish College of Surgeons, but for any person who is informed as to the tenets of homœopathy it is no answer at all.”

That the action of the Irish College is a deliberate piece of trades unionism, no one who can give the matter a little thought can doubt. The principle involved is precisely that acted upon by Manchester brick-makers and Sheffield grinders. That principle is, that the worker shall work precisely as the majority of his fellow workers order him to do; and if he refuse so to work, he shall be exposed to certain clearly defined penalties calculated to injure him in his pursuit.

Freedom of opinion is ignored by these Irish surgeons; liberty of action is denied not only to their professional brethren but to the public. The patient we will suppose of a homœopathic physician breaks his leg. His physician calls in a surgeon to set the fracture. “No” says the Irishman, “I’ll not come if you continue to see the patient.” “But,” says the patient, “I don’t want your medical help at all, in fact I would rather be without it. I want you to set my leg because you have had the privilege of the experience gained at a hospital, an institution which exists as much for the advantage of persons able to pay for surgical help as it does for the aid of those who cannot.”



Still the Irish surgeon says, "No, you must take my physic or your leg may remain broken for aught that I care." And then probably he excuses his bigotry and want of humanity on the ground that he is compelled, in order to avoid collegiate censure, to refuse the advantage of his professional knowledge to the sufferer because his college had so ordered him to do. Here we have pressure put upon the public to compel them to employ certain persons, and certain persons only, and the penalty imposed upon them for refusing so to do is suffering ! This is the course taken by men who expect to be regarded as gentlemen, as members of a humane, a liberal profession, who feel themselves entitled to public respect ! They are not asked to co-operate with persons who are medically uneducated, who have not given evidence before the constituted authorities of the country of their fitness to judge for themselves in matters medical, but with those who have as much capacity to form and title to act upon their own opinion as any who thus insolently repudiate their right to do the one or the other.

In fact this trades-union rule of the Irish College far more concerns the public than it does those members of the profession who practise homœopathy. It is indeed high time that the Legislature, who gave to such a College as this of Ireland its charter of incorporation, should insist upon the withdrawal of any and every ordinance of a restrictive character like the one under consideration, or the surrender of the charter. Its members are exceeding their rights, when they restrain their Fellows and Licentiates in the exercise of their profession, when they dictate to the public as to who they shall employ in an emergency and who they shall reject.

Dr. Ross, Physician to the Manchester Royal Infirmary, in a paper published in *The Practitioner*, (1878), writes



“when we band ourselves into a society in which the members are bound not to meet homœopathic practitioners in consultation \* \* \* \* we convert our association into a trades union with coercive laws, laws, which no society whatever is justified in imposing upon its members. We ought to show the world that we are a great and enlightened profession, and that we do not stoop to the paltry and immoral expedients of a trades union in order to maintain our dignity and emoluments.”

The Irish College of Surgeons has taken the most effective step to show the world that it is neither great nor enlightened, and that it does stoop to the paltry and immoral expedients of a trades' union to maintain its dignity and emoluments. That such will be the verdict pronounced by all intelligent members of general society upon this ordinance we have no manner of doubt.

It is satisfactory to know that this ordinance did not receive the unopposed sanction of the Fellows assembled at the meeting, at which, the *Medical Press and Circular* assures us, it was passed “unanimously.” Dr. G. H. KIDD, a well known obstetric surgeon in Dublin, moved as an amendment the erasure of so much of the ordinance as related to consultations with homœopathists. He was seconded by another, and supported by one of the most influential members of the Council, and he too was sustained by a letter from a well known London surgeon, and by several other surgeons of well-earned reputation. But, borne down by the weight of prejudice and ignorance with which he was encountered, Dr. KIDD's amendment was not pressed, and *nemine contradicente* the motion of Dr. JACOBS was agreed to. Twenty years ago no opposition was raised to the passing of the original ordinance; so that we may conclude that some progress, all slow and halting as it is, is being made in Dublin.



A reprint of an article which appeared in our contemporary, *The British Journal of Homœopathy*, in 1861, when the first ordinance was issued, was, we understand, handed about among the Fellows by one exceedingly irate old surgeon, and displayed as evidence of our "contempt" of the College! We have no feeling of contempt for the surgical abilities of the members of this College; on the contrary, Dublin surgeons, as surgeons, have always commanded respect, but when these gentlemen band themselves together to pronounce an outrageous opinion upon a question concerning which we know full well that they are utterly ignorant, when they unite to insult a section of medical men as well educated—to say the least of it—as themselves, when they form themselves into what is neither more nor less than a trades union, when they declare that for one of their body to co-operate with a physician in affording relief to a mechanically injured fellow creature is derogatory to the honour and dignity of their College, is "to compromise with error" "in order to earn a consultation fee," they bring themselves into contempt. It is impossible to accord respect to men engaged in such a monstrous mission as this.

One part of the ordinance denounces the use of advertisements by the Fellows. This, of course, is perfectly correct. But though a Fellow is prohibited from advertising himself, there would appear to be no objection raised against some one else advertising him. In the very number of the *Medical Press and Circular* from which we have quoted, we find the mover of this resolution most conspicuously advertised. In the announcement of Messrs. Allen and Hanbury's *nitrite of amyl* capsules, we read the following:—

"Dr. A. H. Jacobs, of Dublin, says: "I have tried Allen



and Hanbury's *nitrite of amyl* globules (sic) in two cases of amaurosis, with excellent results.' "

Dr. Jacobs does not by this advertisement infringe the ordinance he himself indited, because he does not " profess " to advertise—he leaves that part of the business to Messrs. Allen and Hanbury. We presume, however, that, as the *Medical Press and Circular* is generally believed to be his own property, he does not object to be thus publicly referred to, and that, too, in connection with one of the diseases comprised within his speciality as an ophthalmic surgeon! Possibly this form of advertising may be a fitting subject for consideration by the College when they feel disposed to examine the beam in their own eyes, rather than the mote which they presume exists in their neighbour's!

Absurd and contemptible as it is, we cannot but regard this move on the part of the Fellows of the Irish College of Surgeons as an attempt to check the progress which is being made in professional opinion on the subject to which it relates, to stifle professional enquiry into homœopathy, and to dictate to the injured among the public as to who they shall and who they shall not employ when their necessities demand the additional aid of a hospital surgeon. Whether it will succeed or not depends upon the moral courage of such of the Dublin surgeons as regard their duty to the public, their obligation to afford whatever relief to an injured person is in their power, as of higher moment than the regulations of a College which has no right whatever to restrict them in the exercise of their profession. The ordinance is in a moral if not in a legal sense—though this is doubtful—*ultra vires*. As such, men of independent thought and true courage will treat it.

By the general public, by educated and intelligent men and women, by all who know what homœopathy is, it will



infallibly be regarded as what it really is, a mere trick of trade, a scheme to deter medical help being sought from homœopathy. By all such it will be felt that in their efforts to crush homœopathy out of existence the Irish College of Surgeons dare not trust to argument, cannot rely upon clinical experience. Both have proved to be subversive of their declaration that it is a "deception"—and hence as the *Medical Press and Circular* tells us, the "Irish College of Surgeons has not sought to express any opinion and will not enter into any controversy" upon the question of homœopathy. They take another course, and are determined to extinguish it by the exercise of authority. Well, "authority" has tried to efface truth many a time ere this, but has never succeeded in doing so yet.

There is something supremely ridiculous in the sight of a knot of surgeons setting themselves to stamp out a medical doctrine that has held its own for eighty years. A medical doctrine that is being daily practised by an ever increasing body of physicians in all parts of the civilised world. A medical doctrine that (largely thanks to the professional opposition it has met with) has hundreds of thousands of enthusiastic supporters outside of the profession. A medical doctrine the truth of which is so irresistible that it is being taught and acted upon by men who dare not admit that they are doing either.

The Royal College of Surgeons of Ireland attempt to put down homœopathy in the year of our Lord Eighteen hundred and eighty! *Risum teneatis, amici?*

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## REPORTS OF CLINICAL CASES.

By S. H. BLAKE, Esq., Liverpool.

(Continued from page 403.)

### CASE V.

Mrs. G., aged 25 years, had been under my care during the latter part of 1879, her illness commencing in October with a severe chest affection. In this illness the sputa were purulent, of yellow colour, the respirations short and quick, the tongue covered with a dense white coat, but brownish



coated at the posterior part, and there were night sweats, anorexia, and some emaciation. From these conditions she made a good recovery. At this time she had been married only a few months, and at the time of her illness the menses had been absent for two months. Some of the signs of pregnancy had been present, and a few days after recovery from the chest affection metrorrhagia set in, apparently the result of miscarriage.

This patient is of a very pale complexion, a little freckled, with dark brown eyes and dark brown hair, yet neither of such a fragile delicate appearance as some persons, nor as strumous-looking as others. Nevertheless the general look is somewhat of that nature we generally call phthisical.

About seven years ago her menses stopped for six months, and she became mentally deranged, and was sent to Rainhill asylum. Shortly after this she was sent again to the asylum under similar conditions.

On the present occasion, March 2nd, 1880, I was sent for to visit her, the message being that she was very forgetful, and her actions violent. Her mother describes her condition as mischievous. I found her in the following state :—

In a perfectly good temper, now and then sits down quietly, but shows neither anger nor melancholy. Is very loquacious, has been awake all night talking, and has preached two very nice sermons since early morning. Is not disagreeable in any way. She talks very pleasantly, and does not excite the least fear in those about her. She objects sometimes to the appearance of the pictures, and thinks they are better in the shade without too bright a light on them. No indecent tendencies. The menses have been delayed now about two days. She laughs a good deal, is very foolish in her manner, puts her husband's coat over her head, and jumps over the sofa or table, and performs other foolish acts of a similar nature. No sadness nor depression of mind, and although she refers frequently to religious subjects, and talks much about the church she attends, is not mentally depressed in reference to religious matters. Her gestures are more frequent and agile than forcible or violent. At present there are no spasms or jerkings of the extremities. She informs me that her conduct is controlled by two wills, one prompting her to do one thing, the other to do another thing. No headache, nor pain anywhere, face pale as usual. She does not shed



tears. Has passed urine once during the night. These symptoms directed my attention to *anacardium*, *hyos.*, *crocus*, *secale*, *Paris quad*, *caulop.* and *pulsatilla*.

Considering the relation of the mental phenomena to the uterine condition (delayed menses), we may presume this ought to be taken into consideration in the choice of a medicine. Although *pulsatilla* is recommended for mania with suppressed menses, the mental symptoms of this medicine do not very closely correspond with those of this patient. *Anacardium* has the symptom, "Feels as though he had two wills, one commanding to do what the other forbids," also "Memory quite useless," and "Laughs when he should be in earnest," "Merriness." I gave this medicine, twelve drops of the third cent. in twelve spoonfuls of water—a spoonful every two hours. A trace of the menses commenced to flow about an hour before the medicine was commenced, possibly owing to her active movements in pacing round the room and jumping over the furniture in pursuit of her husband. When held down to-day, she screamed and was more excited.

March 3rd. Very restless all night. Constantly moving about. Has taken a fresh cold in her chest by throwing off her clothes. Has a dry, deep, hollow cough with dry heat of the chest. I gave her *phos.* 3, two doses. She hangs her head perpendicularly downwards over the end of the sofa. She says this relieves her head, yet complains of no headache. Objects appear too large to her vision, she says. Has hallucinations of small objects. Cannot collect her thoughts so well as yesterday nor answer so intelligently. Wanders from one subject to another. Menses more copious, yet seem not so free as they should be—as if checked by the cold taken in the night.

She stiffens herself out sometimes, yet has no spasms properly so called. The symptom, "Objects appear too large," points to *æth.*, *dig.*, *eub.*, *hyos.*, *lauro.*, *nic.*, *ox. x.*, *stp.*, *vrh. o.*

She has aphonia now, especially if pressed too frequently for answers. Although there are no convulsive movements, the symptoms in their totality now appeared much more like the effects of *hyoscyamus* than *anacardium*. The patient had not had any proper sleep for several days. I gave *hyos.* 3rd cent., a drop to be given in water every hour until eleven or twelve at night, and if this did not prove effectual in calming the restlessness, or producing



sleep, then this dilution to be stopped, and four drops of *t. hyos. φ* to be given at one dose.

March 4th. There is a decided improvement this morning. She slept for two hours or more at one time in the night; this is the first continued sleep for ten days. She is in a good temper this morning; does not look so fatigued and wan. Tongue coated thick white; coughs up some bright yellow expectoration, and with the expectoration she vomits. Still sees small objects about her. Repeat *hyos*.

March 5th. Slept occasionally through the night, and on the whole passed a somewhat better night, though very restless at times. On each of these two nights the patient did not have the least desire for sleep after the several doses of the 3rd cent. dilution, but sleep was induced very soon after the pure tincture was given, and this was not given until very late, in order to get, if possible, the calming effect with the smaller doses of the medicine.

March 6th. After receiving three doses of the 3rd cent. on the previous evening, at intervals of an hour, no sleep was induced. Four drops of *t. hyos. φ* were then given at 10.45, and sleep began at once after this dose. The night passed as follows:

11 p.m. Sleeping.

11.15. Gentle raving about figures to be seen in the room.

11.30. Sleeping soundly.

11.45. Sleeping, but not soundly. She awoke and looked around, and then went to sleep again.

March 5th. Slept occasionally through the night, and on the whole passed a somewhat better night, though very restless at times.

March 6th. After receiving on the previous evening three doses of 3rd cent. at intervals of an hour, not followed by sleep, she was given gtt. iv. of *t. hyos φ* at 10.45, and then sleep came, and the night passed as follows:—

11 p.m. Sleeping.

11.15 p.m. Gentle raving about figures to be seen in the room.

11.30 p.m. Sleeping soundly.

11.45 p.m. Sleeping, not soundly; awoke and looked around, and then to sleep again.

12 p.m. After being awake about 8 minutes is now sleeping.



- 12.30. Sleeping extremely sound.  
 1 a.m. Sleeping.  
 1.30 a.m. Awake.  
 2 a.m. Awake and muttering.  
 2.30 a.m. Awake and muttering.  
 3 a.m. Awake and muttering.  
 3.30 a.m. Raging and dancing.  
 4 a.m. Wild.  
 4.30 a.m. Awake, quiet at one time, and restless at another.  
 5 a.m. Asleep.  
 5.30 a.m. Awake 10 minutes and very restless: twitches.  
 6 a.m. Asleep.  
 6.30 a.m. Asleep.  
 7 a.m. Awake and full of fun; tried to hide herself.  
 7.30 a.m. Sleeping.  
 8 a.m. Restless, but sleeping.  
 8.30 a.m. Awake and quiet.  
 9 a.m. Asleep.

March 7th. During the previous evening, she received the third cent. of *hyoscyamus* gtt. i. in a teaspoonful of water seven times; no sleep followed, and after this she was given gtt. iii. drop of *t. hyos. φ*, and the night passed as follows:—

- 11 p.m. Awake and cheerful.  
 11.30 p.m. Awake and cheerful, and pulse 90 beats.  
 12 p.m. Asleep but troubled.  
 12.30. Awake and complains of pains just over the womb.  
 1 a.m. Together with the symptoms just named, is expectorating with cough.  
 1.30 a.m. Same conditions going on.  
 2 a.m. Ditto and sitting up. Passed her urine in the place where she was resting.  
 2.30 a.m. Ditto and ditto.  
 3 a.m. Ditto and difficulty in breathing.  
 3.30 a.m. Sleeping, but greatly troubled with starting.  
 4 a.m. Awake and has difficulty of breathing.  
 4.30 a.m. Awake and has passed stool (black stool).  
 Pulse, 79 per minute.  
 5 a.m. Difficulty in breathing, with heavy coughing.  
 5.30 a.m. Sleeping and very low.  
 6 a.m. Awake, seemed not to be breathing at all.  
 Pulse 83.  
 6.30 a.m. Awake. Breathing better.



7 a.m. Awake, breathing better. An alteration in general appearance.

7.30 a.m. In same state but extremely restless.

8 a.m. Awake. Up and going about.

8.30 a.m. Awake. Restless and pained about the stomach. Pulse 85.

9 a.m. Awake and complained of bleeding at the ear, but there was no appearance of it on examining the ear.

Pulse at 10.30 p.m.	...	86	
„ 11.30 p.m.	...	90	
„ 4.30 a.m.	...	79	
„ 6 a.m.	...	83	} 7th.
„ 8.30 a.m.	...	85	

During March 7th, continues to improve. Has taken three cups of cocoa with bread and butter; an orange and some lemonade. Slept only about an hour during the day, and that was troubled with dreams that awakened her with a start. Knew her friends who called, and was very cheerful. Pulse at noon, 85.

March 8th. After receiving on the previous evening gtt. i. of *t. hyos.*  $\phi$  every second hour for three doses, the night passed as follows:—

11 p.m. Sleeping and twitching.

11.30 p.m. Awake and coughing very heavily.

12 p.m. Sleeping, but not soundly.

12.30 p.m. Sleeping, murmuring and troubled. Pulse 80.

1 a.m. Sleeping soundly.

1.30 a.m. Sleeping, after murmuring and tossing about.

2 a.m. Sleeping, twitching and stretching herself.

2.30 a.m. Sleeping, but has been very restless. Pulse 73.

3 a.m. Sleeping lightly, after being awake and tossing.

3.30 a.m. Awake, headache, eyes seem drawn in head: oppression of chest. Heaving coughing.

4 a.m. Awake, had a cup of cocoa, feels better.

4.30 a.m. Awake, complaining about the light.

5 a.m. Awake, looks pale, and is yellow about the eyes.

5.30 a.m. Slight sleep and startled, languid look about the eyes. Pulse 75.

6 a.m. Awake, languid look in eyes.



6.30 a.m. Sleeping.  
 7 a.m. Awake, feeling pains in chest. Pulse 75.  
 7.30 a.m. Awake and very restless.  
 8 a.m. Awake and calm.  
 8.30 a.m. Awake, calm. Pulse 80.  
 Pulse at 12.30, 80; 2.30, 73; 5.30, 75; 7, 75;  
 8.30, 80.

March 9th. General improvement of all symptoms, tongue cleaning rapidly, appetite much improved, expectoration of yellow sputum lessening. After having received on the previous evening the usual dose of *hyoscyamus* she passed the night as follows:—

11 p.m. Awake. Pulse 88, pains in lower abdomen (neighbourhood of womb).

11.30 p.m. Awake and calm.

12 p.m. Awake and calm.

12.30 p.m. Asleep and quiet.

1 a.m. Asleep, but muttering slightly. Pulse 82.

1.30 a.m. Sleeping, muttering and swinging her arm about.

2 a.m. Sleeping and stretching.

2.30 a.m. Sleeping and stretching.

3 a.m. Awake, complains of headache. Pulse 84.

3.30 a.m. Awake (pains about womb), up and going about.

4 a.m. Asleep and quiet.

4.30 a.m. Asleep and quiet.

5 a.m. Sleeping, pulse 75.

5.30 a.m. Awake.

6 a.m. Awake, feels wearied.

6.30 a.m. Same condition.

7 a.m. Same condition.

7.30 a.m. Same condition, pulse 80.

During the past three days the menses have no longer continued, and although they had appeared in very fair quantity for the few preceding days, their appearance and cessation did not much affect the mania, which continued unabated for some time after their disappearance. Insanity among the relatives of this patient has occurred both on her mother's and her father's side.

From this date, March 9th, she made such decided improvement each day, and slept so naturally at night, that I was able to leave her as cured on the 12th March, on which I found the tongue clean, chest symptoms subsided, and



the mind clear. The *hyoscyamus* was discontinued on the 9th of March, and no further medicines given. I had no occasion to visit the patient until the ensuing menstrual period, when a fresh but not severe attack of the chest complaint recurred, attended by dense yellow sputa, and a slight tendency to reappearance of the mental symptoms, and the menses delayed a day or two. There was again a little restlessness at night. *Hyos.* this time in the 1st decimal dilution was given, and, as the mother said, this medicine then acted like a charm, removing all the mental symptoms, but some purulent expectoration continued, which, however, completely disappeared under the *proto-iod-merc.* 3rd cent. gri. ter die, and there has been no call to see the patient since.

One of the principal differences between *hyoscyamus* and *anacardium* is the extreme restlessness, diurnal and nocturnal, of the *hyos.*, and the greater proportion of diurnal dejection, sadness, inaptitude for activity of the *anacardium*. *Hyos.* presents great excitability of the muscular system—the person affected by it is constantly on the move; and this muscular agility is not given under *anacardium*, although its mental symptoms corresponded with those of patient as did those of *hyos.* very closely, and in several respects. Other symptoms corresponding to *hyos.* being present, the addition of lascivious or obscene tendencies do not appear to be absolutely necessary in a case of mania in order that it may be relieved by this medicine.

#### CASE VI.

On Dec. 5th, A. T., a little boy, aged two years, was brought to the dispensary with some symptoms of scarlatina. *Bell.* 3 was prescribed at that time—a pilule every hour—and a note was entered in the case book: “Swelling and inflammation of the left cervical glands, feverishness, thirst.” At this time the diagnosis of scarlatina was not fully made out.

He was again brought on December 8th, in much the same state, and then *phytolacca* a pilule every 3 hours was ordered. No improvement followed, and on visiting him on December 9th I found that a very scanty rash had appeared on the face and neck, and I then gave *ailanthus*  $\phi$ . The scanty rash had in great part disappeared again. The throat at this time was enormously swollen on one side (the left), so that the line of the jaw seemed almost on a level



with the neck, the swelling being continuous and uniform as if the whole of that side of the neck were infiltrated. It was of a dusky, livid red colour, and when pressed on was doughy, and the skin was easily made to pucker over the swollen part. The great swelling pressing on the fauces, and the struggles of the child to get free, made it impossible to get a proper view of the pharynx, but I could just catch a sight of a greyish white exudation, about the left tonsil, but the shreds which came away on the handle of the spoon were pultaceous and soft.

At this time I could not smell anything fetid about the throat. He was very ill, cried much, and was very restless, but not unconscious. Very slight remains of the rash still left here and there, and of a dusky hue, and especially about face and neck. *Ailanthus*  $\phi$  gtt. v., *aqua* ad  $\mathfrak{z}$ iii. F. mist., a teaspoonful every two hours.

December 10th, 6 p.m. The glandular mass on the left side of the neck has suppurated and discharged copious yellow matter through a dark and irregular or rugged aperture which has formed by sloughing in the middle of the neck. No blood discharged, pus not fetid. The edges of the aperture are left overlapping, as if the sloughs had been scooped out from underneath. On looking into it, the greyish yellow sloughing glands appeared beneath, and of a dry appearance, for there was no pus oozing. The surroundings are less swollen than yesterday, but still of the dusky purple hue.

December 12th. Opening has discharged a little more pus, and seems on the whole a little better. Repeat *Ailanthus*, as before.

December 13th. Slight improvement continues, still slight quantity of pus escapes, but now a yellow solid slough of the size and shape of a small walnut projects from the aperture. The hole measures now about an inch across. Repeat med.

December 14th. The slough separated itself completely this morning on the dressing. (Has been dressed with linen saturated with weak carbolic lotion, 1 in 70). It has left the edge of the hole thin, red, and overhanging, so that a probe can be passed all round beneath it for  $\frac{1}{4}$  to  $\frac{1}{2}$  an inch under the skin. The floor of the space is now formed by a spherical greyish yellow sloughing mass, resembling the exudations of diphtheria. Repeat mcd.



December 15th. Margin of skin around the aperture now smoother, less dusky, the redness more like that of ordinary inflammation; surrounding swelling less, tongue nearly clean. The skin of the neck seems more separated than ever from the sloughy mass beneath it.

About this time an epidemic of scarlet fever had been raging in Birkenhead, and a bad epidemic of measles on the Liverpool side of the Mersey, many of the cases presenting mixed symptoms, the symptoms of scarlatina being prominent in some cases, measles in others, and occasionally the two diseases followed at a short interval of time consecutively.

Two cases of malignant throat affection coming under my observation this season succumbed in two or three days after becoming delirious and unconscious, and presenting similar throat symptoms to those described in the early history of the case recorded above, the whole neck speedily becoming swollen with lividity.

To return to the little boy's case—the jaws were so stiff that it was impossible to open them and view the throat properly until after the glands had sloughed, and then the exudation in the throat and tonsil had in great part disappeared. The purulent secretion kept laudable throughout. From this time he began to make a much quicker improvement, and began to take nourishments freely.

December 23rd. Healing from beneath floor more red in colour. Repeat *Ailanth.*, but every 3 hours. *Unguentum simplex* apply to neck. Rep. med.

December 30th. Quickly filling up from the inside and nearly well, edges still overlap a little, but the granulations begin to project beyond the circular rising of skin. For this *cup. sulph. gr. v., aq. ad. 3 iv.*, applied as lotion was used to check the excessive growth of granulations, and *sac. lac.*, was given for seven days.

January 8th. The granulations healthier, less prominent, more healing from beneath, aperture now nearly closed, *sac. lac.*, for seven days, repeat application of *cup. sulph.*

January 14th. Quite cured. The *cup. sulph.* was employed purely as a local application in a surgical sense to destroy an exuberant growth, and as the medical treatment had ceased, and the case so far recovered as to be comparatively speaking cured before this application was employed, it hardly enters in any respect into the consideration of the homœopathic treatment of this case.



As regards the selection of *ailanthus*  $\phi$ . My previous knowledge of its usefulness in scarlatina, with very bad throat complication, had prepossessed me much in favour of this drug. In one particular instance this medicine accomplished wonders, and it may be interesting to give a short account of this case, although the notes of it are not complete. Having been called to attend two small children who were just commencing with scarlet fever, I was informed that there were already two more children of the same family in the house with the same complaint, and that as these cases had turned out so badly under the allopathic treatment, the parents had become quite tired of it, and had determined to give homœopathy a trial for the two younger children. This decision had been arrived at on their part without any great persuasion from homœopathically inclined friends, and somewhat in opposition to their former views, for they had hitherto had no practical experience of homœopathy, although they had heard of its success from some of their friends. The two children placed under my care from the commencement passed without the least difficulty through the attack, and were comparatively well in a few days. The parents thus intended to exhibit the two methods of treatment in the same house; but on my first arrival I was pressed very much to see a third case, then under allopathic treatment. This I did with reluctance, and under the promise that their attendant should be informed of the fact. This patient was a little boy about six years old, and he was then in the twenty-first day of the illness. He was at this time unconscious with muttering delirium, and there could not be any hope entertained of his recovery, either by the physicians who had already attended him, or by myself, at least the hope was so slight that one could not well express it. He had then been delirious for twenty-one days; when spoken to he could not be roused to reply, could not answer any question. He muttered occasionally, pulled at the bed clothes, and presented the usual array of typhoid symptoms, superadded to scarlet fever. The rash in this case had appeared but very slightly, and had soon disappeared again. The temperature ran high at night to about 104° F. The eyes for the most part closed or only partially open, the lips were covered with sordes, a purulent discharge oozed from the meatus of both ears. The skin dry and rough. The knees a little drawn up, and the knee joints



hot, swollen and inflamed. There were also present the signs of some pulmonary congestion, a dry cough and some dyspnœa. He refused to take food when offered at the lips as a rule. There was no proper sleep at night, but the delirium was a little more raving and wild during the night than in the day, but for the most part of a low type with a good deal of muttering. The glands under the jaws were considerably enlarged, filling up the sides of the neck in a marked degree; and the throat "ulcerated." Two of the best physicians in the town had been called to meet the medical attendant of the family, and one of them had ordered the throat to be swabbed out night and morning with a strong solution of nitrate of silver. This process the parents had the very greatest difficulty in carrying out, and besides this every drop of medicine they gave him was vomited as soon as taken. In this dilemma, and without any hope for the recovery the medical attendant had wisely replied to the parents that he approved of their decision to try homœopathy, inasmuch as the child vomited his medicines, and would also probably vomit any other medicines which he would be at liberty to administer, so there could be no harm in trying homœopathic medicine, and besides the two cases already took up so much time and attention to manage, that he would hardly be able to manage to attend to four cases of this kind at the same time. He had at my arrival entirely discarded medicines as impracticable in the case, and at the time of my first visit the child was taking no medicine whatever. That night I prescribed one dose of *phosphorus* No. 3, and it appeared to do some good, for I found the next morning that he had not been quite so restless during the night. However, the next day I commenced with *ailanthus*  $\phi$  one drop in water every two hours. From that moment he began most perceptibly to get better, and slowly but steadily improved as to every symptom, until in a fortnight after he was downstairs, eating heartily and comparatively well. The discharge from the ears and deafness also disappeared without any other medicine. The swabbing of the throat was stopped at the commencement of my treatment. The symptoms which at once began to abate under *ailanthus* were especially the delirium, sleeplessness, refusal of food, enlarged cervical glands, and discharge from the ears, and all of these symptoms began to disappear very quickly as soon as the *ailanthus* was exhibited. My colleague in this



case, who was personally unknown to me, and he would not meet a homœopath, continued to visit the patient, taking the temperature in the morning and watching the progress of the case, and as the friends of the patient were satisfied with this arrangement I had no objection. Would it not be natural to hope that the result of the treatment might have convinced him of the efficacy of homœopathic medicine? No other medicine was given to complete this cure, all the symptoms disappearing under *ailanthus* alone.

For adynamic and malignant scarlatina we are brought into the consideration of the action of several remedies, especially *ailanthus*, *am. carb.*, *apis*, *ars.*, *arum*, *bap.*, *carbo. veg.*, *gels.*, *lach.*, *ac. mur.*, *phos.*, *rhus*. But it would hardly be required to give the full indications for each of these in reference to a single case reported. A special reference, however, to the throat symptoms, and character of the pyrexia, will point out a few of these drugs as specially important in the variety of scarlatina referred to. For instance, swelling and lividity of the tonsils and neighbouring mucous membranes is produced by *lach.*, *ailanthus*, *arum*, *ammon. carb.*, and *acid mur.*; *apis* producing on the other hand a bright redness of the tonsils. Then ulceration is common to several drugs, but the special character of the ulceration is important, thus two medicines, *arum* and *ammon. carb.*, produce putrid ulcers, and *ammon. carb.* gangrenous ulceration, *ailanthus* angry ulcers, and *lachesis* diphtheritic patches beginning on left tonsil. The lividity and swelling of *lachesis* is mentioned as taking place specially in the tonsils; the same symptoms are mentioned under *ailanthus* as affecting the throat, while the tonsils are studded with deep ulcers, with the symptom "hawking up of hard whitish matter." Together with these symptoms, the character of the pyrexia plays a co-equal and important part, and a few of the chief peculiarities of the fever produced by these drugs are noted in the accompanying analysis of six medicines. A small chart may assist the memory in comparing the symptoms belonging to a few allied drugs, for it brings before the mind several points at the same time, which might escape notice in ordinary reading, and thus we may see at a glance several of the more minute differences between medicines having in common several points of resemblance.



<i>Loechia.</i>	<i>Alenthus.</i>	<i>Arum.</i>	<i>Aps.</i>	<i>Ammon. carb.</i>	<i>Acid. mar.</i>
Delirium, with great loquacity.	Delirium, muttering, with stupor or with restlessness.	Delirium, picking at	Delirium, muttering, restless, or sopor, interrupted by shrieks, or violent, amounting to frenzy.	Mental confusion; gloom; inclined to shed tears.	Irritable, and disposed to anger, or restless, and constantly changing position, with unconsciousness.
Lividity and swelling (tonsils); with ulcers; Diphtheritic patches spreading from left to right tonsil.	[nervous bilious persons]	ing, irritable.	Swelling, with bright redness (tonsils); erysipelatous and cedematous around ulcers in throat; blisters filled with clear fluid.	Enlarged tonsils, with lividity; putrid, gangrenous; ulcerations of tonsils.	Fauces dry and bluish red, lividity.
Chills by night; flushes by day; profuse sweat, or cold and clammy, with feeble pulse.	Chill, then dry heat, great flushes of heat, may be moist in morning until noon; cold sweat stood out upon the skin.	Chill, with sneezing, followed by intense fever heat (typhoid); face flushed and burning at 4 to 9 p.m.	Chill at 3 p.m.; burning heat of skin; alternate dry and moist, or dry here and moist there; absence of thirst during the sweat.	The chill and heat frequently alternate, till towards midnight; continuous sweat day or night.	More chills than heat, and without thirst; palms and soles hot; cold sweat on feet; pulse intermits every 3rd beat.
Rash appears slowly, becomes livid or nearly black, with coms; blisters filled with a bloody fluid.	Rash appears chiefly on forehead and face—livid rash.	Scarlet, with exanthematous rash, with itching; desquamation a 2nd or 3rd time in large flakes.	Much painful sensitiveness of the skin to the touch; skin inflamed and intensely deep; red rash (not livid); urticarious.	Upper half of the body red as scarlet, violent itching; desquamation.	Intense redness, and rapidly spreading, or eruption scanty, interspersed with petechiae, purpura.
Almost black.	Scanty or may be passed involuntarily.	Scanty or suppressed (ursemia)	Scanty, red brown sediment and epithelium.	Passed involuntarily towards morning.	Passed involuntarily, scanty, or frequent and profuse; red, violet, or milk like.
Small, weak, accelerated, intermittent, alternately full and small.	Rapid, small, weak, irregular.	Frequent.	Quick, full, strong or very weak, intermittent, wiry and frequent.	Hard, tense, frequent.	Slow and weak, at times intermits; slow by day, frequent at night.



## CASE VII.

Elizabeth T., æt. 35, the mother of three children, presented herself for treatment on February 16th, at 9 a.m. She was in great distress owing to her great difficulty of respiration. On listening at the anterior and posterior aspects of the chest, I could not hear any râles properly so called, but a great accentuation of the respiratory murmur all over the chest, the sound of inspiration and expiration, however, being most marked at the upper portion of the chest (bronchial?), and this loud sound displaced as it were the proper vesicular murmur which we hear during healthy respiration. The sound gave me the idea as of a considerable volume of air passing with each inspiration and expiration over a rough dry surface. Her further source of complaint, in addition to the suffering attending the respiratory act, was a very frequent, dry, hoarse cough, which sounded as if it came from deep in the chest, and as if it arose not only in the upper part of the thorax, but also from the very depths of the chest, so voluminous and cavernous did this cough sound. The tongue if anything was a little too red, but otherwise clean and healthy. This cough had commenced on the previous evening, continued badly through the night, and became decidedly worse in the morning on coming out into the cold air. On coughing she experienced a little pain in the region of the posterior bases of the lungs. She said the cough was excited by taking a deep breath, by coming into the cold air in the morning, and the paroxysm was preceded by a frequent tickling and raw feeling at the pit of the throat, but she located this sensation in her throat as being at one spot on the left side of the throat-pit (crico-thyroid muscle?), and on closely examining the point she referred to, I found this spot to be at the left side of the trachea, at about an inch above the clavicle at its inner articulation. Is there any anatomical difference on the two sides of the neck which is sufficient to account for this sensation being referred to one side of the trachea only? But before referring to the anatomy of the nerves it may be as well to conclude the history of this case.

*Rumex crispus.*, 3 cent. pil., every fourth hour, was prescribed, and the next day, February 17th, at 9 a.m., she reports herself much better, chest and cough entirely relieved, the breathing now natural. The abnormal re-



spiration and irritation at the throat were relieved directly after taking the second pilule. The only symptom now left is a soreness round the lower part of right lung, at the back. As all the symptoms, with the exception of this last one, had been removed under this medicine, I did not alter the prescription, and repeated *rumex* 3 every four hours. She appeared a few days after, bringing one of her children for treatment, and reported herself quite well, as all symptoms soon left her after her former visit.

Remarks: How is it that a disease or a drug will affect one side of the tracheal region? In the first place the mucous lining of the trachea is supplied with very numerous mucous glands, the secretion from which should lubricate its surface. If the vessels supplying this part be congested, the secretion may be checked, and the result be that the cough will be attended by a deficient expectoration and hoarse, dry, or scraping in quality, or there may be no sputum at all for a time.

Now whether this condition of the tracheal membrane be a primary one in the catarrhal process, or whether it be set up as a secondary or sympathetic one in the order of events, may be of little importance in reference to the choice of a remedy, inasmuch as the latter may be made to correspond to the exact condition stated, and if the pathogenesis be similar in condition or quality of action, and the same "in loco," it would necessarily act upon the tracheal regions and modify the symptoms. The trachea is lined with ciliated columnar epithelium, and the cilia hasten the secretion of the trachea towards the larynx.

If we take a view of the nervous supply to the trachea on each side of the body, we find the vagus through its branches giving off nerves on both sides to supply this organ, and besides this it is supplied from the sympathetic system. In detail then, on each side of the neck, nerves come from the trunk and recurrent branches of the pneumogastric. Although on the two sides the recurrent branch of the vagus takes a different route to reach the trachea, they supply it symmetrically on the two sides, one going to one side, the other to the other side. Another nerve coming from the vagus, called external laryngeal, supplies on each side the crico-thyroid muscle. A recurrent nerve from the vagus lies on each side between the œsophagus and trachea, supplying both tubes, and thus we see associated the respiratory with the alimentary tract in this



region. The sympathetic supply to the trachea is as follows: the sympathetic nerve gives off from its ganglia in the neck branches (called cardiac), which, after communicating by means of offsets or communicating branches, with the recurrent nerves and other nerves given from the vagus to supply the trachea and larynx, pass down into the thorax to join in the deep cardiac plexus, and thus the sympathetic communication is established between the upper parts of the respiratory tract, trachea and larynx with the lungs, for the deep cardiac plexus sends out its branches into the coronary and pulmonary plexuses, and so to the heart and lungs.

It is thus seen that on both sides the trachea is supplied by a similar system of nerves in a distinct and separate way on each side. It may therefore be considered that as, on the one side of the body, the organs, stomach (\*anterior surface?), heart (left side?), left lung and left side of the throat, are in the more direct or intimate association, so, on the right side, the liver, right lung, heart (right side?), and right side of the head and neck have a similar relationship. With this view of the relation of the nerve supply on the two sides, it is interesting to contrast the action of *rumex* with other medicines, such as *chelidonium*, the main effects of which fall upon the organs of the right side, *rumex* selecting the left side in reference to several organs. But whilst we give to these medicines the full credit for their unilateral action, we cannot deny to them their power to extend their effect to the other side also, and this becomes the more certainly possible to them through the cross communications between the nerves of opposite sides taking place in the plexuses. Further we find that double organs, and bilaterally symmetrical organs, supplied by nerves from opposite sides, possess, under certain conditions, a perfect uniformity or concord of action, as is seen in the functions of the two halves of the stomach, both sides of the heart, both lungs, and both sides of the trachea and larynx under their several functions. Wherever be the source of irritation in the first instance, giving rise to the necessity for coughing, this impulse having arisen in the pulmonary nerves is reflected along the motor nerves, as for instance along the superior laryngeal branch of the vagus, to reach the crico-thyroid muscle, and this muscle contracting excites the cough.

\* The left vagus supplies the front of the stomach.



We may suppose the deep cardiac plexuses to be the reservoirs as it were of the impulses accumulated from the respiratory organs, and after receiving these to send them out in different directions to other ganglia and their branches on to the larynx and trachea. The vagus appears to receive its impulses in some cases through these ganglia of the sympathetic, which being transmitted along its motor fibres produces muscular contraction or even spasm—as for instance in the laryngeal muscle. It has been said that over-compression in one organ may produce vaso-dilatation in another, as well as muscular contraction, through the ganglia of the sympathetic. From whatever cause the cough of *rumex* arises, whether from the increased pressure on the minute nerves distributed to the bronchial lining, induced by congestion of the blood-vessels, and turgidity of the mucous-membrane along the respiratory tract, or whether by a direct excitation by an inflamed condition of the mucous lining, or from some other cause, it might be difficult to say, but its cough is characterised by a very great amount of reflex irritation, and this state of affairs is conducted to a very great extent in the left tracheo-pulmonary sphere.

There are many instances, however, of increased pressure within muscular or contractile organs producing the attempt at expulsion of the offending substance, whether that be possible or not, and in dry, reflex cough attended by little or no secretion, this may form some explanation why the paroxysm is excited.

In the case cited, the cough was harsh, dry, and the respiration sound, low pitched, and loud, and these symptoms subsided without expectoration. May we not therefore assume that they were mainly dependent on active congestion of the bronchial mucous membrane, or at any rate of some part of the mucous lining of the tracheo-pulmonary tract?

Therapeutic changes are either quantitative or qualitative.

Therapeutically, quantitative changes may stand alone, but qualitative variations are always attended by quantitative changes. The qualitative change includes the idea of the quantitative and becomes essential or idiopathic. Hence, in a comparison of one medicine with others, the exact locality or extent of its action, as given in the *Materia Medica*, sinks into insignificance as compared with the



quality or peculiar kind of action belonging to each drug, and if we compare with *rumex* several drugs which occupy the same anatomical sphere of action, it becomes at once evident how many peculiarities there are in quality of action, and how many differences in the various drugs as compared with the one similitude or likeness in locality.

For the purpose of showing some of the reasons for a selection of *rumex* in a given case, and comparing it with a few other drugs acting in the same locality, one may give this small table:—

1. The symptoms of each medicine increased by inspiration, by local pressure, and by speaking.	<i>Phos.</i>	{ Rawness of entire respiratory tract.	} Laryngeal.
2. Rawness (subjective) of the trachea and bronchi.	<i>Bell.</i> <i>Lach.</i>	{ Laryngeal rawness.	
3. These symptoms in each medicine, varying in degree and extent, all being more or less laryngo-tracheal.	<i>Caust.</i>	{ Laryngo-Tracheal.	
	<i>Rumex</i>	{ Broncho-tracheal.	

The rawness of the trachea and bronchia is produced in greater severity by some medicines than others. It is said *phosphorus* causes the most, and then the others in this order:—1. *Phos.*; 2. *Bell.*; 3. *Rumex*; 4. *Lach.*

If the cough be induced chiefly by talking (laryngeal irritation?), this indicates *bell.* or *lachesis*.

If induced chiefly by breathing (trachea-bronchial?), *rumex*, *caust.*, *phosph.*, are indicated.

The pains of *rumex* proving are mostly not severe, and not resembling those of acute pleurisy commonly so-called, they are chiefly in the chest walls, especially near the clavicle, and are mostly on the left side of the chest. In the case cited the pain in the right lower part of the chest was the last symptom to disappear, and this symptom it may be noted is not found under *rumex* so far as my knowledge goes. As acute congestions either resolve themselves or pass into inflammation, it may be that *rumex* would be required for the most part in cases of an acute character as regards duration, when it may display its powers to the greatest advantage.



CASE VIII.

Another case may be given illustrating the value of *rumex*.

March 11th. Mary D. æt 35: Pain as if bruised in the right side of the chest, about the lowest two ribs in the right axillary line—pain as if bruised, increased by coughing, with a “smothering” sensation in the chest, cough dry with dyspnœa, worse at night, absence of sputa, she is so weak she can hardly speak. A tickling sensation continually towards the left side of the trachea, she feels “stuffed” (or oppressed breathing) in the whole of the upper part of the chest, and especially so in the evening. *Rumex* 3. c, o. 2 hor.

March 13th, cough not nearly so bad as it was, coughs now only in morning and evening. But the pain in the right side continues the same, and is extending more round to the right breast, and there is now a pain commencing in the left side in the same way. The pain arises around, yet not in the breast, and comes from under the arm at the junction of the breast with the chest walls, with a feeling as if she had on too tight a corset, “slowly gnawing.” Sputa has now appeared, and is scanty and yellowish, and when it comes up gives great ease. The pilules, she says, soon stopped the dry cough, and she feels very much better in that respect, having been previously very bad with it for six weeks. She has never in any of her previous attacks of this kind of cough to which she has been subject received such benefit from any medicine as she has done from this one (*rumex*). She never had such relief in her life before with medicine as during these two days. Raising her arm causes the pain under the breast. *Bryon* 3, o. 3 hor. was now given, and in two days she came again, when the breast pain was fully explained, for a small gathering had in the meantime formed, and discharged in the situation of the pain, relieving all the symptoms. *Hepar sulph.* 3, was ordered for three days, and so ended the case. In this instance *rumex* appeared to select its own symptoms, namely, those pertaining to the cough and tracheo-bronchial region with great effect, leaving the local inflammatory action about the breast to pursue its course or be modified by the other medicines. This patient was a woman of apparently good constitution, of a yellowish swarthy complexion, and had dark brown irides.



## ON THE INFLUENCE AND USE OF THE WILL IN THE TREATMENT OF MANY SPINAL DEFORMITIES.

With a short outline of the late Dr. Kjoalstad's self-straightening Method of treating Spinal Deformities.

By DR. ROTH.

"Oh well for him whose will is strong.  
He suffers, but he will not suffer long."—TENNYSON.

THE majority of patients suffering from the various forms of spinal curvatures are not aware of their abnormal position; they feel straight while in a crooked position, and while the spine is curved; this spinal curvature is usually accompanied by a compensating abnormal position of the head. It is well known that when the body is slightly bent to the right, the head is bent to the left; when the compensating position of the head is not sufficient to counteract the flexion of the trunk to the opposite side, the patient twists instinctively to one or the other side, to keep up, as far as possible, a *vertical* position; in the lumbar anterior curvature the head is usually bent forward and turned to one or the other side; this depends upon the combination of the anterior curve of the spine with a slight lateral one; in the posterior curve there is a more or less constant endeavour to hold the head slightly bent backwards.

I could easily name a larger number of abnormal positions of the head caused by various combinations of lateral with anterior and posterior spinal curves, in which patients still believe themselves straight.

As it is the aim of every medical treatment really to straighten the spine, the medical man places his patients in the normal position; but as the patients feel crooked or twisted the moment they are placed in a normal position, they return immediately into the wrong one; to prevent this falling back from the normal into the abnormal position, all kinds of braces, spinal supports, corsets, orthopragms, stays and machines with and without vertical steel crutches resting on a horizontal band fixed on and round the legs, with the addition of steel plates pressing on the projecting parts, have been invented and unhappily are still used, notwithstanding all the writings and the opposition of those specialists who not only believe, but are convinced, that without removal of the cause no real cure can be permanently effected.



In this paper I intend to speak only of those forms of spinal curvatures where the patient himself can straighten the spine by his own will, or where he can do the same by placing the arms in different positions, or by placing the body as well as the arms in certain positions; and finally of those cases where the spine cannot be straightened by the patient alone, but must be assisted by a second person.

The majority of the patients being unconscious of their abnormal position, the *first object* to be obtained is to change the false mental impression they have in believing themselves straight when they are crooked, and feeling crooked when placed in a normal position. The second object is to enable the patients to *retain* the normal position which causes at first the sensation of being crooked.

While the patient is reclining in a comfortable chair, which by the broad seat supports the full length of the thighs, and by the suitably curved back the spine of the patient, a looking-glass with a handle is placed before the patient to enable him to watch his own position. It happens that many patients cannot and do not alone observe that the head is either turned or bent to one side, or that it is both turned and bent; that one shoulder is higher or projecting forward more than the other; that the trunk is more inclined to one side than to the other. If the same patient is placed in a standing position before a full length looking-glass, it also happens frequently that he cannot see the difference of form in the outline of his head, neck, shoulders, trunk, and knees.

Where such a deficiency of sight and observing faculty exists that the patient can neither feel his abnormal position nor see it in the looking-glass, he must be shown *how* and to which side the head inclines or turns, or inclines *and* turns; the different height of both sides of the neck, and of both shoulders, the difference of the outlines from the head down to the shoulders, the abnormal direction of the medial line from the middle of the front along the face, neck, chest, abdomen, the stride of the legs and feet must be pointed out; every visible irregularity of the outlines of the two sides of the body must be minutely pointed out till the patient begins to see and to admit the differences actually existing. The quickness of perception, the gift of observation and judgment being so very different in various individuals, both young and adult, a shorter or longer



period of time will be required till the eye seizes all these differences.

As soon as the patient has acquired the faculty of seeing his abnormal position, he must be instructed to feel the wrong and good position ; these last being always accompanied by the sensation of being uncomfortable and crooked, he is recommended to place himself with closed eyes before the looking-glass ; when asked to place himself in the right position, he usually chooses the wrong one, because he feels straight only in the abnormal position ; after his repeated assertion of being straight, he is told to open his eyes, and is quite astonished to see how crooked he is, and how the various parts are far from the normal line. While his eyes are open he is asked to place himself in the best positions in order to make the lateral outlines of the body as equal as his powers of observation and the character and the stage and gravity of his curvature will permit it ; while the medical man points out where he is still deficient, he at the same time assists the patient by supporting him with one or both hands. In cases where the curvature cannot be straightened in this simple manner by the effort of the patient's will, and the assistance of the medical man, all those positions of the arms must be chosen which contribute to the straightening of the spine.

As I do not intend in this paper to give details of the treatment of spinal curvature, but wish to restrict myself to the influence of the will, I will only give an example how the position of the arms is used for the purpose of *lengthening*, which is here identical with straightening of the spine.

A patient begins to incline his body to the right because the muscles of the lumbar part of the spine are weak or irregular in their action ; he is told to stretch himself while the medical man touches the part which is to be stretched ; the patient's usual answer is, "*I cannot*," or, "*it is not comfortable*," and he refuses even to *try* to stretch, because it is fatiguing. Now is the moment when the medical man encourages the patient by his words to make an effort ; thus the patient's *will* is roused for a few seconds, and muscles which probably for some time have been inactive receive the stimulus of the will and contract for a short time more than usually, and probably more than they have done for some time. If the patient is really very weak, the medical man standing behind him will, at the moment the patient is trying, either assist in lifting the body, or



in gently replacing it to the left; if the patient is strong enough, he will, while touched by the medical man, straighten himself without any assistance; if the inclination of the body is so great as not to yield to the patient's endeavour and will of stretching the lumbar part, it is necessary to raise the right arm into a lateral horizontal position. This changes the leverage; the muscles on the left side of the spine are brought into action, and thus assist in straightening the spine momentarily, while the patient tries to stretch; as the usual motions frequently cause a considerable inclination of the lumbar part of the spine, the lateral horizontal position of the right arm is not sufficient for straightening the spine, therefore the left arm is stretched out and up in a position intermediate to the vertical and lateral horizontal; the resultant of the different positions of the two arms will thus assist and enable the patient while using the effort of his will in straightening the lumbar part of the spine. In more complicated curves other combined actions of the arms and trunk are used for producing a similar result, but without an additional effort of the will the various positions are and remain useless; it is the physiological and increased will-influence acting as an extra stimulus on the contraction of the muscles which is indispensable for the purpose of straightening the curved spine. Those who have entered fully into my ideas, will understand why it is so important to study on the naked body in each individual case of curable curvature, which positions of the trunk and arms are required to straighten the spine; all those which mostly *lengthen* the spine will be the leading positions in the beginning of the treatment.

I need not add that weak patients must be taught to see and feel the normal position while sitting or lying.

If the will is directed to the special muscles which are to be strengthened, their nutrition, power of contraction, and volume increase, and the change of tissue is accelerated, not only in the muscles, but in all surrounding parts. As the will cannot be constantly and uninterruptedly employed for the purpose of proving a more energetic action, it is desirable in the beginning of the treatment to practise the use of the will for a short time; the period of practice is increased by degrees, and the periods of rest diminished; the power of will, as well as its influence, can be considerably increased by the resistance of the medical man being opposed in a scientific manner to a special group of muscles



or to single muscles, or by the patient resisting the medical man who does the gradual extension of voluntarily contracted muscles.

The final aim of the use of the will-influence is to change the intentional movements into habitual and automatic ones, that is, without the least consciousness or will-influence, and thus to obtain permanently that result which in the beginning was secured only for seconds or minutes by an increased energy of the will.

. I had for many years acted on the principle of raising the will-energy for the purpose of curing certain forms of paralysis, and long ago published, in my monograph on *Paralysis in Infancy, Childhood, and Youth*, my mode of inducing the patient to use the will. I believe a great part of my success in the treatment of spinal deformities is due to the use of the will as a substitute for all the so-called spinal machines, supports, apparatus, steel corsets, &c.

For years I have heard that fifty years ago a Norwegian physician, Dr. Kjoelstad, had begun to treat spinal curvatures by the so-called *self-straightening* method—a method in which the will of the patient had to counteract bad positions of the body. My endeavours to get some *detailed* information had been for many years in vain, when about two years ago I received a Norwegian pamphlet—*Om Distriktslaege Kjoelstads Selvretningens orthopaeds tilligemed en Berelining omdens Udoevelse af a Tidemand. Christiania Tryckt hos. Chr. Schibsted, 1876*—which is a description of the *self-straightening* orthopedics of Dr. Kjoelstad, in which the patient himself has to perform the principal part, by Dr. Tiedemann, of Christiania. With the help of a teacher of Norwegian, and of a Norwegian dictionary, I have finally obtained some idea of the details of the treatment which I have wished to know for years. Being anxious to see and to learn how this method is applied in practice, last year I made a special journey to Christiania, where I was very kindly received by Dr. Tiedemann, who answered fully all my scientific inquiries. He is the only medical man who still pursues Kjoelstad's treatment in his own house, where the patients are received as boarders. It is therefore my duty as well as my pleasure to thank Dr. Tiedemann publicly for all the information he has given me, as well as for his readiness to supply me with some mechanical contrivances which are used as accessories in the treatment. I think the best mode of expressing my



gratitude is to publish the following notes which I have partly dotted down in Christiania, partly extracted from the pamphlet I have named, and from a second pamphlet in French, which Dr. Tiedemann gave me last year—*De la methode orthopédique de Monsieur le Docteur Kjoelstad ; redressement par soi-même, ou le malade joue le plus grand rôle, par A. Tiedemann, Docteur à Christiania.*

Dr. Kjoelstad, the son of a Norwegian peasant, was for several years schoolmaster in his own parish before he studied medicine. Afterwards he held several Government employments. In 1880, one of his relatives, a young girl, was staying in his house, and began to be scoliotic ; wishing to prevent the further development of this deformity, he was struck with the idea that such patients could do much for themselves, and could counteract their infirmity by trying to diminish, by an effort of the will, the disproportions of their form ; he believed that many scolioses are caused by fatigue and relaxation of the muscles, by inattention to the normal position, by want of will-energy in retaining the normal form ; he thought that the return into the normal form might be accomplished by the patient if the energy of his will, his judgment, and other mental qualities could be brought to bear and to act on the body. He advised his scoliotic cousin to imagine as distinctly as possible two straight lines being drawn in front of her, one of which was vertical and of the length of her body, while the other was horizontally crossing the vertical at a right angle and at the height of her shoulders ; she was directed to place the body in the direction of the vertical line of the imaginary cross while the arms had to be placed in the direction of the imaginary horizontal line. This was the beginning of Kjoelstad's treatment.

I much regret that I am not able to enter here into the history of this treatment, and into the philosophical reflections which preceded before Kjoelstad imagined fixed lines for the standing and lying positions, in which the patients had to exert the utmost powers of their will and body in order to remain for a few minutes, as far as it was possible, in the prescribed and imagined normal position ; it took years before he perfected his original idea by inducing his patients to imagine certain points through which they had to move their arms and legs.

We must also remember that fifty years ago the treatment of spinal curvatures consisted in *mechanically stretch-*



*ing the patients in a horizontal position*, assisted by means of pressure applied in various ways; that the patients were obliged to remain for years in a lying position, that nobody was thinking of the scientific application of special movements in each individual case of spinal curvature, that Ling's system was not known to Kjoelstad. Tiedemann says: "The idea of this self-straightening method is quite characteristic of Kjoelstad. He did not build a new doctrine on old foundations, or give a new form to an old branch of science. His idea was quite new, and, as far as it is known, not suggested by anybody else. In trying to explain what is the real meaning of the idea, that people can have a correcting influence on the proportions of the form of their body through the efforts of the mind, then we must fall back on the general experience that every thought, sensation, and act of the mind has its corresponding expression and outward bodily appearance in the human form. It cannot be denied that not only the face—which usually shows the external expression of the condition and activity of mind and soul—but the whole body participates through its forms, positions, and movements in the external expression of the mental conviction."

"If we look at a faint-hearted and despondent person depressed by sorrow and grief, we find that not only the features of the face but the whole tenure of the body express the state of mind." "Bowed by sorrow, depressed by grief," is not a mere mode of speech, but it is a figurative expression really taken from the form of the body in a similar state. It is a fact that the body sinks together, and is in reality bent or bowed down in a higher or lower degree because the sufferings of the soul deprive the muscular system of its elasticity.

In observing a contrary state of mind, in which happiness, hope, self-reliance, and courage prevail, a corresponding expression is shown by the whole person, by the face, attitude, and all the movements. Weakness and indolence, want of energy, are shown by a special bodily expression, just as firmness and an energetic will cause their corresponding bodily expression.

The fact that we cannot always and quite easily understand which state of mind and soul is expressed by the outward appearance is explained partly by our incapability of observing the less marked attitudes and movements of the body, partly by our ignorance of finding out the inter-



nal mental conditions through the bodily appearance; another cause of our inability of judging of the condition of the soul is that people intentionally hide their state of mind, and prevent both their face and body from showing those features, forms, positions and movements which would take place in consequence of the mental state being reflected by the body.

The innate mutual influence of mind and body is the cause that the body has the aptitude and power of receiving from the mind and soul impressions expressed by special attitudes and movements of the body, and that the will used in a manner suitable for the purpose gives the body another expression, and an attitude different from the usual in which no endeavour is made for changing the appearance of the body.

Kjoelstad had the merit of making use of the power of the mind, in order to act with full intention on the body, and thus to enable the patient to keep as much as possible the normal position and to correct the abnormal form, even after the mind has ceased to influence the body intentionally. For years he tried to improve his method, as he was most anxious to remove the pernicious effects of the mechanical stretching system which was still the most prevalent during his time. In 1844 he resigned his medical appointment, and devoted himself until his death in 1860, entirely to the practical development of his treatment. Kjoelstad was very energetic, and had many talents; although much given to philosophical researches, he was not clear in the exposition of his ideas, and has been frequently misunderstood.

In 1856, at the meeting of the Association of Scandinavian Physicians and Naturalists, Kjoelstad read a paper on his method, which was published in the transactions of the same year. He is also the author of several pamphlets published under the name of "Orthopædic Ephemerides," in which the details of the self-straightening method are described. I am sorry that I have not had an opportunity of reading these publications; but I have given an account of all the papers on Kjoelstad's method for the benefit of my colleagues and their patients, because the practical method of using the brain or will-power for the cure of many complaints is still in its infancy, and not yet sufficiently appreciated,



After these long introductory remarks I will finish with a few notes on the treatment as I have seen it carried out by Dr. Tiedemann, who was for three years Kjoelstad's assistant, and after his death established an institution, which, at the recommendation of the medical faculty of Christiania, has been subsidised by the Norwegian Storting (Parliament). Hitherto I have only named that part of the treatment which I consider the most important—and have to add that various mechanical contrivances are used as accessory means for carrying out the principal idea, namely, to make use to the fullest amount, and with very great exertion, the will-power of the patient, who is induced to stretch most actively the whole body, from the head down to the heels. This self-stretching action is considerably assisted by various mechanical means. One of these is a leather girdle fixed round the hips, to which are attached two handles, of which the patient takes hold with his hands, while his neck, his spine, and his arms, as well as his legs, are stretched to the utmost of his power. This stretching is done in the vertical position and in the lying position, in which the girdle is pulled down by the help of two cords attached to the lower part of the bed on movable sticks, which can be turned round in order to increase the stretching of the ropes, while a broad band or a silk handkerchief attached to the top part of the bed in the form of a U is placed under the chin. A third active stretching of the patient's whole body is also done on a vertical apparatus, on both sides of which the patient, standing with the face to the apparatus, holds, with elbows bent and placed near his body, while the head is pulled up by a double band under the chin and occiput; the girdle is pulled in the opposite direction by cords fixed on movable rods, in order to enable the patient to stretch his body to the maximum of his powers. All these self-stretching actions are done according to the patient's utmost power, from 1 to 4 or 5 minutes; when the patient has done his stretching in the standing position, his neck is taken hold of by the medical man to enable him to retain his stretched position, while he proceeds to lie down on the bed, which he does by a kind of falling on the back, while retaining his rigid position; in bed the stretching is continued according to the powers of the patient for 1 to 4 minutes, after which he rests for 20 minutes. This kind of treatment of stretching, first in the vertical and immediately afterwards in the horizontal posi-



tion, to the utmost extent of the patient's powers, and while his attention is directed to the imaginary straight line, is daily continued from 8 a.m., till 1 p.m. o'clock, and from 4 p.m. to 7 p.m. Thus the patient is every hour, according to his powers, stretched with an interval of 20 to 24 minutes' rest after each exertion of self-stretching in the standing, and self-stretching with mechanical assistance in the lying position.

The stretching on the vertical apparatus is done daily only twice from two to five minutes.

Further treatment consists after the girdle has been placed on the hips, with the stretching in the standing position, in which the patient must try to place gently his weight on the front part of the foot, to such an extent that both heels are involuntarily raised by the powerful vertical active stretching of the whole body. When the patient has been able to stand for several minutes, he begins a kind of walking, in which one foot is involuntarily placed exactly in front of the other leg; thus the full weight of the whole body is resting on the front leg, which is perfectly stretched, while the heel is fully raised; the patient now tries, whilst still in his fully stretched position, to move the body slowly forwards and upwards, and thus the posterior leg, which was hitherto bent, is brought forward in its turn and placed in front of the other leg, to keep the balance. This exercise is also continued for a few minutes, the time being always dependent upon the powers of the patient, but never exceeds 4 or 5 minutes, when the usual horizontal extension follows, and then the rest of 20 minutes.

After the patient has for several weeks practised the two exercises of standing and moving his legs forward, a walking exercise with a quicker time, but still retaining the fully-stretched position, is substituted, and this is also followed by 3 to 4 minutes' active horizontal stretching, and the usual rest of 20 minutes.

During the walking exercises, it is the rule to let the patient turn one day on one leg, the following day on the other, while still retaining the fully stretched active position. In the self-stretching position on the vertical apparatus, the medical man tries to press the convex and projecting part of the spine and ribs into the opposite direction, and if the patient feels that he can bear still more stretching, he requests the assistant to pull the ropes tighter, in order to enable him to stretch more while the



hips are fixed. Dr. Tiedemann also uses one or two circular tolerably-hard stuffed cylinders of 3 to 4 inches in diameter, which are placed on the projecting part of the convex side of the spine. The head is more or less supported, while the legs are stretched actively, and the arm corresponding to the concave side is stretched upwards along the side of the head, and pushes against the fixed horizontal pole; this position, if well attended to, stretches the curved spine, and for the time being, the spine itself appears almost straight.

For anterior-posterior curvature, the patient is placed in a standing position, with the convex side of the spine leaning and pressing on a broad horizontal fixed padded plank, while both arms are stretched backwards, the plank being between the trunk and the arm. At the same time the patient stretches the head up and back, while the doctor tries gently to push him forwards; the legs of the patient remain well stretched. This exercise depends also upon the power of the patient, but does not exceed 3 or 4 minutes.

I have pointed out all the principal and special exercises which are performed with the utmost exertion of the patient's will, and which I have seen carried out in the majority of cases. Dr. Tiedemann also makes use (although only for a very short time for patients who are not living with him, or who are obliged to move about) of a spinal support, consisting of a horizontal steel band round the hips, on which two or more vertical steel bands are fixed, which neither compress the body nor support the armpits.

The good results of this treatment are visible in a photographic album, in which Dr. Tiedemann shows the form and curvatures of each patient before and after treatment. Besides this album, he has published statistics of the age, character of spinal curvature, and time of treatment.

Although I am in favour of the most important part of the treatment, namely, where the patient's own powers are brought into action for the purpose of improving his figure by stretching all the parts which are under the control of the will, I could not well recommend during *eight hours every day*, the various stretching operations, which are very fatiguing both to patients and the medical men. The mechanical helps might be useful in special cases, but in the generality of cases they can be safely omitted.

At any rate, it is desirable that Kjoelstad's self-straightening method should be well known to all surgeons, that they



should know the *injurious* effects of the usual orthopædic appliances, which *never* can cure spinal curvature ; that they should not consider the human body as a mere mechanical body, which can be shaped by steel pieces, bands, supports, which under the names of spinal supports, spinal machines, spinal repressors, spinal orthopragms, are advertised by orthopædic instrument makers. If a medical man in exceptional cases requires a support, he should know how it is to be constructed, and not send patients to an orthopædic instrument maker without giving precise instructions what kind of support he wishes to be made for the patient. Physiological action should be used for the purpose of counteracting the pathological changes, and the idea of treating the majority of spinal curvatures by so-called orthopædic instruments must be given up, and substituted, whenever and wherever it is possible, by improving the energy of the will, and thus straightening as far as possible the spine. The time will and must come for the reform of the still prevailing and most injurious treatment by spinal machines, even when called orthopragms, which prevent the free action of the human body, interfere with the nutrition of precisely those parts which should be used, and do good merely where absolute rest is required, which is better and more easily obtained by a suitable plaster jacket ; lately also the application of this jacket has been abused because it has been applied in many spinal deformities curable by suitable medical movements, both passive and active, specially adapted and chosen according to each individual case.

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## HOMŒOPATHY IN THE COLONIES.

By J. MURRAY MOORE, M.D.

### IV.—*Homœopathy in Tasmania.*

TASMANIA, as Van Dieman's land is now legally styled, is the smallest of our Australasian Colonies in which homœopathy is legitimately represented. To Dr. Ebenezer Ather-ton, now of Sydney, belongs the honour of having been the first professional pioneer of Hahnemann's system. He settled in Hobart Town about the year 1863. Being an energetic, skilful, well-equipped physician and surgeon, full of enthusiasm in the new healing art, and of eminently



social qualities, he soon gained an excellent footing in practice and in society. In that conservative little capital of the island of Tasmania, full of coteries and personal jealousies, he had a hard battle to fight, the allopathic opposition even extending to the enforcing of an inquest over one of his patients, out of which ordeal he emerged with much honour, and the enemies of our system with much discredit. Independence of thought and action in matters medical soon asserted itself among the more cultured laity, and when Dr. Atherton decided on removing to Sydney as a larger field, he left hosts of thoroughly attached friends and patients behind. Fortunately for that remote region, Dr. Harry Benjafield took up the homœopathic succession in 1872 or 1873, and has still further extended the practice. I had the pleasure of enjoying his hospitality in his large stone house situated in a fine position outside the town for a few days, built from his own designs, and out of his professional savings.

Hobart Town is a microcosm of 22,000 inhabitants, slow in growth, but having passed through its severest ordeal, the removal of the Imperial convict establishment, safely, and bidding fair to become the sanatorium of Australia. It has the coolest and most enjoyable summer climate of any place visited on my tour; and perhaps the very cordial reception given me by Governor Weld, to whom I had an introduction, and by the much attached friends of Dr. Atherton, prepossessed me in its favour. It is sheltered by Mount Wellington from the exhausting hot N. wind which makes Melbourne so unendurable at intervals during the summer. All the amusements and recreations of modern civilisation are to be found in Hobart Town, and the most refined, gentle-mannered, yet cordial and frank people that I have met in the Colonies. Dr. Benjafield has opened a well appointed pharmacy, and has written a sensible little book on domestic homœopathy. He is a good surgeon, and therefore takes in hand cases which usually isolated practitioners of our school leave aside. He excised a carcinomatous breast, for example. In fine, homœopathy is in a healthy state in Tasmania, and Launceston (population 15,000) urgently needs a good homœopath, Dr. Benjafield informs me.



## POISONING BY ARSENIC.

(From the *Lancet*, May 29th, 1880.)

THE symptoms of poisoning by arsenic have been well studied and often observed. It is rare, however, that the opportunity occurs of ascertaining their character in a large number of cases of slight degree, and of similar and simultaneous origin. Such an opportunity has lately occurred at St. Denis, near Paris, where a large number of persons have been poisoned by eating bread containing arsenic. In none of the cases was the quantity of the poison sufficient to cause death. So many persons suffered that one physician, Dr. Feltz, had under his care no less than eighty cases. His account of their symptoms, communicated to the Paris Clinical Society, constitutes a valuable contribution to toxicology. How the poison was introduced into the bread or flour is still undiscovered.

The nature of the outbreak of illness was early ascertained. Dr. Feltz was called one morning to a family who presented signs which indicated clearly the action of an irritant poison, but the vehicle by which it had been introduced was only ascertained by the discovery that a dog, which had taken only sopped bread, suffered in the same way. In a number of families who had taken the bread, the same symptoms were observed, and arsenic was found in it on analysis.

Most of the persons attacked presented similar symptoms. Soon after the meal a sense of weight at the epigastrium and general malaise were experienced. Vomiting occurred in from one to four hours after the meal, and the first vomited matters were of food. Several patients presented diarrhœa at the same time as vomiting, but in more than half there was no early diarrhœa. The latter ceased in all cases in six or eight hours, while the vomiting continued for twenty-four or even thirty-six hours, and was frequent, of greenish-yellow mucus, and bilious matters. In some patients, who had no immediate diarrhœa, a slight attack occurred in the course of the first day. Others had no diarrhœa at any time. Two patients, who had eaten the bread for two days, had no vomiting, but suffered from diarrhœa for about twelve days, their other symptoms being the same as those of the rest. There was a burning pain in the throat behind the sternum and in the epigastrium, and at the latter spot a very painful sense of weight. The pulse varied between 90 and 110, and was regular; the skin was



dry; headache was severe, with an acute sense of constriction in the temples. Most patients complained of noises in the ears and of slight vertigo. There was prostration, and a sense of extreme feebleness in the legs, with severe pains in the loins. The latter symptom was invariable. The urine, however, was normal. In some patients during the period of vomiting and diarrhoea, very little urine was passed. In no case was there any excessive urinary secretion. On the third day these symptoms lessened in intensity, but without a single exception there appeared at the end of the second or beginning of the third day a swelling of the eyelids, accompanied by conjunctivitis. In some the whole face was swollen; in some there was an eruption of urticaria; in two women this eruption was scarlatiniform in character. One man suffered only from urticaria of the scrotum and herpes labialis. Almost all the patients, even those who had no eruption, suffered from irritation of the skin, and, in some, scratching caused a transient eruption similar to urticaria. In eight patients who had eaten of the bread during two days there were visual troubles. Three had a sensation of light in the outer angle of the eyes, others that of flames darting forwards, these sensations being present only when the eyes were shut or in the dark. On the third day there was a sensation of great thirst. The mucous membrane of the throat was red. Many of the patients presented herpetic vesicles on the lips, and one man had herpes on the prepuce. These symptoms continued, lessening, until the seventh day. The appetite was then still deficient, the patients complained of a metallic taste, and the throat was still red. The swelling of the face and the skin eruptions had disappeared, but there was still some muscular weakness, and a sense of weight and burning at the epigastrium. By the tenth day all these symptoms had disappeared, with the exception of anorexia and heat in the throat. A woman who had a scarlatina-like eruption presented also an enormous œdema of the legs, but without albuminuria. Analysis showed that the arsenic was very unequally distributed in the bread, and thus the variations in the symptoms were explained.

Of these symptoms certain were so uniform that they were together almost pathognomonic of slight poisoning by arsenic. These were the acceleration of the pulse, the vomiting, the sense of constriction at the temples, the lumbar pain, the weakness in the legs, and the burning in



the throat and at the epigastrium. Several symptoms which have found a place in book-descriptions of poisoning by arsenic were not observed, although carefully searched for. There was neither salivation nor continuous spitting, nor hiccough, nor irregularity of pulse. Another local surgeon observed jaundice in one case. The treatment consisted in the administration of magnesia, of milk, and of albuminised water.

A last fact to be mentioned relates to the period of elimination. Little is known on this subject. The period during which the poison is excreted no doubt varies with its dose. Most authors assert that in the dog the elimination is finished in twelve or fifteen days. In one of Dr. Feltz's cases the urine, on the thirteenth day, contained no trace of arsenic.

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## REVIEWS.

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*Pathogenetic Outlines of Homœopathic Drugs*, by Dr. MED. CARL HEINIGKE, of Leipsic. Translated from the German by EMIL TIETZE, M.D., of Philadelphia. Boericke and Tafel, Philadelphia. 1880.

THE object of this work is to present an account of the pathogenetic properties of some 350 drugs in a compact and readable form. For this purpose the author has adopted an *anatomico-physiological scheme*. His method can best be understood by an example, and we therefore extract his arrangement of *hepar sulphuris*.

### “HEPAR SULFURIS CALCAREUM

“*Preparation*.—Trituration and percussion potencies beginning with the 5th centesimal potency.

“*Duration of Action*.—Of repeated doses of higher potencies, from 6 to 7 weeks; of rare doses of lower decimal triturations, a few days.

“*Antidotes*.—Vegetable acids, *bellad.*, *chamom.*, *mercur.*, *pulsat.* *Hepar* is an antidote to *antim.*, *arsen.*, *bellad.*, *cuprum*, *ferrum*, *iodum*, *mercur.*, *nitr. acid*, *silicea*, *zincum*.

### GENERALITIES.

“Feeling of general discomfort in all the limbs and tiredness even early in the morning with dislike for rising after a good sleep; lassitude, indolence, weariness, heaviness, pain as from bruises, sleepiness, attacks of palpitation of the heart and fainting, through the day; excessive sensibility and irritability of the whole nervous system, the open air feels unpleasant; trem-



bling of the knees, anxiety and burning in the soles of the feet on walking in the open air; stitches in the joints during rest and motion, boring, drawing, cutting, tensive pains in various localities of the body, swelling of various parts, sometimes with redness and sensation of heat;—occasional icterus.

“ Sleep long and coma-like with rapid successions of dream-visions from daily life;—difficult falling asleep, restless sleep and sleeplessness with very excited imagination; frequent racking, stretching and yawning during the day.

“ Mental conditions: Great irritability, irascibility and passionateness;—discontent with one's self and others, depression. Melancholia and anxiousness; sadness with thoughts of suicide.

“ *Skin and Gland.*—Roughness of the skin; cracked, fissured skin with pimples on the lips; tendency to suppuration after slight injuries and slow healing; detachment of the epidermic cells and inflammation of the rete Malpighii—intertrigo—especially at the cutaneous surfaces touching each other; eruption of pimples, small pustules, vesicles, blisters, hives, follicular and circumscribed inflammations (boils), erysipelatous affections; ulcerated surfaces bleed readily; chilblains, warts, corns show a tendency to inflammation and pain; icteroid discoloration. Falling off of the hair of the head.

“ Inflammation and suppuration of the axillary glands, inflammatory swelling and painfulness of the inguinal glands, suppurating inguinal glands (buboes), swelling of the tonsils.

#### NERVOUS SYSTEM.

“ *Brain.*—Irritative conditions; increased activity of imagination, chase of thought, optic hallucinations amid clear consciousness; weakened functional energy: temporary check in the train of ideas, speaking and writing with frequent mistakes, weakness of memory, awkwardness and clumsiness of thought.

“ Vertigo, sensation of heaviness and dulness of the head, pulsating and hammering headache, congestion toward the head, tearing pain in the head.

“ *Organs of Sight.*—Painfulness of the orbits, inflammation of the eyelids and Meibom's glands (blepharitis ciliaris) with mucous exudation; burning, heat and painfulness of the eyeball, inflammation of the conjunctiva of the eyes and lids—conjunctivitis bulbi et palpebrarum;—photophobia, flickering before the eyes, obscuration of the field of vision on fixing the eyes upon objects, dimsightedness.

“ *Organ of Hearing.*—Inflammation of the external meatus, increased secretion of ear-wax, roaring in the ears.

“ *Organ of Smell.*—Inflammatory redness, heat and swelling of the nose with itching and painfulness, nosebleed.

“ Greater keenness of smell;—dulness.



**“ Spinal Marrow.**—Bruised feeling in the neck, drawing and stinging pains in the muscles of the back and chest, pain as from luxation in the sacral and lumbar regions. Tearing in the shoulder-joint, jerking of single muscular fascicles on the arm, heaviness and sensation of tiredness in both arms, arms fall asleep readily, weakness of the forearms and hands with trembling when writing; itching and burning of the palms, heat, redness and swelling of the wrist-joint with tearing, gouty pains in the finger-joints with swelling.

**“ Soreness of the mm. glutæi,** pain as from luxation in the hip-joint on walking, restlessness in the legs compelling one to move them to and fro, heaviness of the legs, bruised sensation in the muscles of the upper and lower legs, alternating with a feeling of numbness and tendency in them to fall asleep upon slight pressure; pain and swelling of the knee-joint, cramps in the calves and muscles of the foot, itching, drawing and tearing in the soles of the feet, feeling of burning and stinging in the soles of the feet and toe-joints.

#### ORGANS OF CIRCULATION.

**“ Violent palpitation and stitches in the cardiac region.** Tendency of the capillaries to burst and bleed. Active febrile motion: shaking chill, afterwards heat and perspiration; burning fever-heat with violent thirst, with aversion to uncovering and perspiring hands; readily perspiring over the whole body on slight motion, long-continuing perspiration at the head. Intense fever-chill with coma, delirium, vomiting and diarrhœa.

#### ORGANS OF RESPIRATION.

**“ Frequent sneezing, coryza with inflammatory swelling of the nose, secretion of offensive mucus.**

**“ Sensation of weakness in the vocal organ, preventing one from speaking loud, tickling in the larynx and scraping sensation in the trachea, accumulation of mucus in the air-passages, cough with slimy expectoration; cough with retching, coughing up of blood.**

**“ Desire for deep inspiration, oppression of the chest and shortness of breathing; hyperæmia of the lungs; sensation of pressure, tension, heat and painful stitches in the chest.**

#### ORGANS OF DIGESTION.

**“ Inflammatory swelling, looseness and ready bleeding of the gums, toothache extending into the ear, aggravated by touch; oral mucosa inflamed, covered with superficial ulcers, with swollen upper lip, pain in the tip of the tongue, offensive breath, increased salivary secretion with discharge of the same from the corners of the mouth. Tonsilitis, difficulty of swallowing.**

**“ Abnormal taste, paresis of taste, respectively of the n. glosso-pharyngeus; want of appetite and disgust for food, appetite for**



sour and highly seasoned food ; violent thirst.—Frequent belching without smell and taste, distension of the gastric region ; nausea and vomiting of bilious, slimy masses early in the morning, sour vomiting in the afternoon, pressure in the stomach from a small quantity of food. Distended and stretched abdomen, frequent discharge of offensive flatus, stinging pain in the hepatic region when walking, pressing pain in the bowels in the iliac region—continuing for 14 days ; spasmodic, tensive griping, colic.

“Frequent desire for stool without evacuation, urging to stool with difficult evacuation owing to a want of intestinal activity, and accomplished only by the pressure of the abdominal muscles ; frequent, small stools, diarrhœic stools with griping in the bowels ; frequent bilious stools mixed with blood and mucus, with pain in the bowels and much urging and tenesmus. Protrusion of hæmorrhoidal tumours, bleeding from the hæmorrhoidal veins.

#### URINARY AND SEXUAL ORGANS.

“Weakness of the vesical muscles [*m. detrusor vesicæ*], slow passage of the urine ; painful stitches in the urethra and inflammation of the urethral orifice ; violent urging to urinate with difficult and painful discharge of urine [*stranguria* and *dysuria*], slow discharge of the urine with only partial evacuation of the bladder ; copious urinary discharge ; discharge of blood in drops after micturition with burning in the urethra.

“*Genitals, Male*.—Inflammation of the prepuce ; excitement with painful erection ; decreased sexual desire, relaxation of the parts, occasional discharge of prostatic fluid with the stool.

“*Genitals, Female*.—Inflammatory affection of the vulva ; repeated bloody discharge from the uterus, delayed and scanty menses.

#### EMPLOYMENT AMONG THE SICK.

“To be considered in scrofulous conditions, thus in affections of the skin, eyes and ears, in chronic coryza, inflammation of the mouth and tonsils, glandular swellings, indurated deposits of exudations which ought to undergo suppuration or resorption, ulcerative processes with discharge of malignant pus, in gum-boils (in alternation with *silicea*) ; in mercurial cachexia and mercurial syphilis, in laryngeal and tracheal catarrh [not to be given in case of hæmorrhage], in gastric and intestinal catarrh of scrofulous individuals with swelling of the mesenteric glands, in enterohelkosis (formation of ulcers in the intestinal canal), in neglected chronic inflammation of the colon and rectum after dysentery ; in weakness of the vesical muscles, especially in paresis of the *m. detrusor vesicæ*, in cystitis and urethritis, especially of a chronic nature, in vesical and rectal hæmorrhoids, balanorrhœa and blennorrhœa ; in hepatic swelling, catarrh of the



ductus choledochus with icterus, in nephritis, especially in renal catarrh owing to scarlatina and consecutive dropsy (in alternation with *helleb. niger*.—*Coccus cacti*, triturated with milk sugar in the proportion of 1 : 3 or 4, is mostly sufficient), in intermittents of long duration, in chronic gout and rheumatism of the joints, in muscular twitching and neuralgia, in general spasms, even in epileptic spasms, in frequent vertigo, fainting and paresis of single nerve branches."

This, though good as far as it goes, seems to us to want the fulness and completeness of a record like that in Allen's *Encyclopædia*; while it is equally deficient in the life and interest which should characterise a commentary—such as Dunham's on *bryonia* or *rhus*.

For the practical work of using the Materia Medica, both the commentary and the complete record are necessary. The former to give the student a knowledge of the genius and mode of action of the drug as a whole; the latter to enable him to apply this knowledge in practice with precision.

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*Photographic Illustrations of Skin Diseases.* By GEORGE HENRY Fox, A.M., M.D., Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases, &c. Parts 1—4. New York, E. B. Treat, 805, Broadway.

*Hand Book of Diseases of the Skin and their Homœopathic Treatment.* By JOHN R. KIPPAX, M.D., LL.B., Professor of the Institutes and Practice of Medicine in the Chicago Homœopathic College, &c. Chicago. Duncan Brothers. 1880.

THE former of these two works forms another endeavour to give the student, by the aid of photography, an idea of the appearance of the disease, of which he may be engaged in studying the phenomena. It is indeed only an idea that can thus be obtained.

Photography appears to us to be incapable of reproducing in that sharp and well-defined manner that is necessary, the form and outline of the various kinds of eruptions which constitute the objective phenomena in this class of disease. In the parts before us, photography has been aided by careful colouring, and perhaps the most that can be done to accomplish the end, with the means used, has been effected by Dr. Fox. But the difference between these plates and those of the Sydenham Society, for example, is enormous. From the latter a very clear conception of the appearance of a skin disease can be obtained, while from the former the assistance derived is far from being great.

Interesting and useful commentaries accompany each plate.



In Dr. KIPPAX'S work we have, as an introduction, a concise account of the pathology of skin diseases, followed by a brief description of the appearance of each, together with the symptoms produced by drugs which simulate each form. It forms, in short, a useful drug repertory, or index to the symptoms of skin disorders. As such it is full, and will doubtless assist in the selection of suitable medicines. At the same time, it must be remembered by those using Dr. Kippax's work, that it relates *only* to the skin symptoms; while in the treatment of skin disease we must, when prescribing, take into our consideration the *totality* of the symptoms in each case. We must, that is, not be satisfied with a medicine that produces symptoms like those on the skin, but must endeavour to find one which with them includes those also which are observed as the effect of a disordered state of other organs occurring at the same time. A skin disease, as such, is, after all, only one symptom; a part, but not the whole of a disease.

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*Gastein ; its Springs and Climate.* By GUSTAVUS PRÖLL, M.D.  
4th edition. Vienna : Charles Gerold and Son. 1880.

THIS little pamphlet of 80 pages gives a concise account of the natural history, climate, and baths of Gastein, and of the class of cases likely to be benefited by a visit there. It is particularly interesting to us because it presents us with a sort of proving of the waters, a clear statement of the effects of the vapour and of the water upon the healthy human body. The patients who have derived most advantage from resorting to this watering place are those suffering from that exhaustion of the nervous system, which is the result of abnormal discharges, or from excessive loss of blood.

Dr. Pröll gives a very clear statement of the mode of employing the baths, of the various resources for interesting and amusing visitors, and of the accommodation provided for their reception.

That Gastein is an admirable climate for cases of nerve exhaustion is well known; and a perusal of Dr. Pröll's pamphlet will assist our medical brethren in advising their patients who may be needing a suitable locality in which to recruit during the now, happily, approaching holidays.

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## NOTABILIA.

### THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE following abstract of the address delivered by the President, Dr. T. P. Wilson at the recent meeting of this important body at Milwaukee will be read with interest:—He began by alluding to the fact that one-third of a century had elapsed since the organisation of the American Institute of Homœopathy



That a generation of men had gone by since it began, and that we of to-day are the legitimate successors and heirs of the noble men who founded this society. A fitting allusion was then made to the veteran corps, many of whom in their distant homes are looking with dimmed, yet anxious, eyes upon the proceedings of the present convention. It would gladden their hearts to know that the flag of similia is still proudly floating over our heads.

The advent of homœopathy into the world constituted not medical reform merely, but medical revolution. Its progress might yet fill the centuries, and could not be so clearly marked year by year.

Two things hide from our eyes the real progress we are making:

First. The cessation of hostilities toward us by the allopathic school. We have conquered peace and now receive consideration and respect due to honourable competitors.

Second. Our work has become so distributed that we fail to notice how we are succeeding. In every state and city, in towns and villages, we are pushing on the work, and we do not feel it as when we had but one or two, or at most a few points to watch.

It is the duty of the president to report upon "the progress of homœopathy during the past year." It is not the prosaic fact we want, but the fact conceded, what is the philosophy of our progress? Why has homœopathy progressed?

First. We have progressed just in proportion as we as a school have adhered to the principles as taught by Hahnemann. Not because Hahnemann taught them, but because they are true. Hahnemann's relations to them was accidental. We follow truth not men. Homœopathy was a declaration of order against chaos, and its march forward will end as only it can, in the destruction of empiricism. Hahnemann understood the problem with which he was dealing. He knew how false the theories and fatal the practices of his predecessors and contemporaries. If any one has since arisen having a deeper insight into the arcana of therapeutics he should be made to stand forth. Is it a Ringer, or a Bartholow, or a Phillips, who transcend the wisdom of Hahnemann? Hahnemann was never false to the truth, nor inconsistent in its advocacy. He never apologised for ignorance, nor compromised with error. He could never have framed a rule such as is on the records of our society, which declares the law of cure "co-extensive with disease," and then shield the shortcomings of those who do not follow the rule by declaring the *Materia Medica* imperfect, or the practitioner to be ignorant of it, as though that were a sufficient answer for those who, claiming to be homœopaths, live in constant violation of their profession. Dogs may return to their vomit, and hogs to their wallowing in the mire, but the homœopathic school can never return to the chaos from whence it sprung.



It was neither a misfortune nor a mistake when the homœopathic school began a distinct and separate existence. Those who endeavour to blind the issues between us and other schools, and those who brand us as sectarians because we stand up for that which is our own, deserve to be overwhelmed with confusion. We have become a numerous body of practitioners and patrons. It is no small matter to maintain a proper *esprit de corps* of so large a body. If we of the American Institute of Homœopathy shall stand for the integrity of our principles, uttering no uncertain sound, we will carry gladness and hope to thousands of hearts. "The common people" have faith in us. Have we faith in ourselves?

Second. We have advanced because the philosophy of our art is in harmony with the general advancement of science. All the modern revelation of physiology, microscopy, chemistry, and kindred subjects, have only helped us on. While on the contrary the empirical schools have been time and again thrown back upon their haunches by fresh discoveries. We have come to a better knowledge of disease. It is not the changed tissue but dynamic condition which produces that change. That is the thing to be treated. And we now understand drugs better. It is the inherent force of the drug we need to use, and not necessarily the drug form. Hahnemann clearly taught these things more than three quarters of a century ago, but even in the homœopathic school they are not understood. Preceptors do not teach their students as they should. Our current medical literature is poisoned with errors and misleads. Our colleges fail to teach the true methods and practices of the homœopathic school. Every doctrine we hold to has been assailed both from within and without. Had the assailants succeeded there would have been nothing left us to-day. These things demand attention. We have, during the past year, had an unusual amount of controversy, and much of it, unfortunately, personal. We need agitation; we cannot otherwise progress, but we should have no more of these bitter personal quarrels. We have a wide field opening before us and cannot afford to waste our energies. In the field of collateral sciences we have much to do. Witness what the microscope has done of late for our triturations. It is an error to suppose that "high dilutions" or greatly attenuated preparations have been affected by the discoveries of the microscope. It has helped, not hindered. These discoveries affect the material side, but not the dynamic. Drug forms and drug forces are separate departments of investigation. The radiometer of Prof. Crookes, and the tasimeter of Mr. Edison, have opened to us new worlds of thought and study. Facts go before principles. We find the facts and wait, often a long time, for the explanation. Hahnemann discovered and elaborated the facts of *similia*, and the power of



dynamised or attenuated drugs, but it is left for us to perceive their explanation in the discoveries of modern science.

Third. Another important element in our progress is the enlargement and perfection of our educational work. Our colleges are taking advanced grounds. It is the fault of the profession that all the colleges have not come up to higher work. The Inter-Collegiate Congress and the Inter-Collegiate Committee have done good work in this direction. Two of our colleges already demand a preliminary examination and three courses of lectures. They should be sustained. All the colleges will soon do equally well.

Fourth. Our current and general medical literature are helping on the work. We can no more live without food than we can exist as a profession without books and journals. All honour to the noble men and women who furnish us such a rich and cheap supply. May they all, editors, authors and contributors, have their reward!

The attention of the Institute was then called to the unpublished writings of Hahnemann, now in the hands of his heirs. It was recommended that a committee be appointed to consider how they might be obtained and published.

Certain amendments to the bye-laws and constitution were also recommended.

Attention was called to the American Public Health Association, and that delegates to that body should be appointed. And finally it was suggested that as we had been, as a school, rigidly excluded from the army and navy during the late war, we should now put on foot such plans as will secure us proper recognition from the United States Government, both in the army and navy.

We have also received the following interesting letter :—

My Dear Editor.—One of the best Sessions ever held by the American Institute of Homœopathy has just closed at Milwaukee, Wisconsin. Although the attendance was not quite as large as last year at Lake George, yet there were two hundred physicians present, many of whom travelled farther than from London to Jerusalem to be at the meeting. The sentiment prevailing in the session was of the greatest friendliness and courtesy.

Although every shade of opinion from the dynamism of Fincke, to the materialism of Hale was present, yet all hard feeling seemed to have passed away or at least been laid aside.

The advocates of high and low dilutions were alike allowed their say, and there was not even a sneer when the c.m. was mentioned, or a groan when the tincture was reported.

A very different state of affairs in the election of officers obtained from what was seen last year. Then to a fearful degree “log rolling,” “wire pulling,” and “electioneering,” formed the



exciting part of the meeting. This year, if any one said a word about the officers to be elected before the third day, it was with bated breath, and when the time for the election came it was in each case so unanimously close that, *nemo contendere* the secretary cast the ballot of the whole body.

One incident, however, occurred in which I am sure our English physicians will feel an interest. At the very beginning of the session a bearded youth was introduced as representative of English homœopathists, who handed in his name as Edward William Berridge, delegate from "Great Britain." He was courteously invited to a seat on the platform, and that the Institute might hear from our English friends, he was asked to address the members. Without so much as a kindly word for his associates he deprecated the low state of homœopathy in England, and turned his address into a *lecture* upon what the members must do in the careful study of Hahnemann's *Organon* if they would fain become anything more than dabblers in homœopathy. But the most absurd and outrageous part of his lecture was the statement that ever since Carroll Dunham made the fatal mistake of recommending to this Institute "liberty of medical opinion" homœopathy had been on the decline in this country, and would soon be swallowed up unless some different course should be pursued.

It was delivered in a nasal sing-song, methodistica style, and in a tone so low that few could understand it.

But of those few some opposed its reception, while others urged that we had last year received and printed Dr. Pope's address, and to refuse this now would be an insult to our English brethren.

While the matter was still undecided, judge of our surprise on finding the whole lecture printed in the next morning's paper. A careful perusal of it made more than ever apparent the impertinence of the whole proceeding on the part of young Berridge. It was enough for him to come here to tell us how we must study homœopathy; it was more than enough when, after a few days in this country at the largest meeting of homœopathic physicians he ever attended, he told us in effect that we were all "going to the dogs;" but when he cast aspersions upon the name of our beloved, almost revered Dunham, one who has done more than any other to unite and harmonize our ranks in earnest work for homœopathy, the blood of nearly every member boiled with indignation.

No sooner did the morning session open than the subject was brought up, and one after another characterised the matter in befitting terms.

On enquiry, Berridge acknowledged that he was not a delegate from any English Society, in fact was not a delegate at all, and



by a unanimous vote the paper he had presented, and all discussion thereon, was expunged from the minutes of the Institute.

I send you the daily papers which give a summary of the proceedings, and would particularly call your attention to the statistics given on the first day, which will tell you whether homœopathy in America is a failure, with its eleven colleges, sixteen journals, thirty dispensaries, thirty-six hospitals, (1,505 beds), and one hundred-and-twenty medical societies.

The Institute heartily endorsed the proposition of an International Homœopathic Congress in London next year, and appointed a committee to make all necessary arrangements. This committee will at once go to work, and there is now excellent prospect of a good delegation to Old England, where you may expect to see

Niagara Falls,

AMICUS.

June 20, 1880.

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### DRAMATIC RECITAL IN AID OF THE LONDON HOMŒOPATHIC HOSPITAL.

A DRAMATIC recital, interspersed with songs, under distinguished patronage, was given on the 18th July, in the afternoon, at Steinway Hall, and after defraying expenses, the proceeds, amounting to £10, have been paid to the Treasurer of the Hospital. The lateness of the season, and the fact that the performers were comparatively unknown to a London audience, no doubt had their influence in preventing a more satisfactory result. Mr. Arthur Darley, who has made his mark in the provinces, showed versatility and talent in reciting several pieces, of which we specially noted "The Execution of Montrose," the "Toast of the distinguished French Guest," and "Love in a Balloon:" the latter piece being much appreciated by the audience, and bringing the entertainment to a satisfactory conclusion amid loud laughter. Miss Helen Cresswell, the very engaging "Celia" in "As you like it" at Drury Lane Theatre, was also to have recited, but unfortunately she was required to proceed on the day previous with Miss Litton's company to Manchester. The official manager of the hospital was fortunate in securing, at very short notice, an efficient substitute in the person of Miss Tennyson. A very agreeable diversion in the performance was the singing of Miss Jeanie Rosse, a pupil of Madame Sainton-Dolby. This young lady, in addition to considerable personal attractions, is the fortunate possessor of a rich and powerful contralto voice of extensive register, and she sings with considerable taste and skill. Mr. Raphaël Roche, who kindly gave his services, was the accompanist and also played an overture.



## PRIZE FOR AN ESSAY IN HYGIENE.

WE are requested to announce that the Société Française d'Hygiène offers prizes on the following subjects:—

1. Hygiene of the second period of infancy, to the age of education (age scolaire), that is to say, from two to six years, including everything relating to hygiene properly so called, comprising the normal development of the organs of the senses, but without touching on infantile pedagogy.

2. Hygiene and pedagogy of model *salles d'asile*. The hygiene part will refer exclusively to the special locality of the *salles d'asile*. The pedagogic part will have for its exclusive object the harmonious development of the body and the intelligence.

For each of these subjects are offered a gold medal (the gift of a member of the British Homœopathic Society), a silver medal and three bronze medals.

The essays, in French, English, Italian, or German, should be sent to the Society, Rue du Dragon, 30, Paris, before the 1st of January, 1881. The author's name to be contained in a sealed envelope, with a motto corresponding to that on the essay. The essays not to exceed thirty pages of 12mo. The prize essays to be the property of the society, which will publish them with the authors' names.

## THE TEMPERANCE HOSPITAL AND THE HOMŒOPATHIC HOSPITAL.

THE following letter sent to the editor of the *Christian World*, July 15th, by one of the physicians to the London Homœopathic Hospital, speaks for itself. [Eds. M. H. R.]

(To the Editor of the *Christian World*.)

SIR,—In an article in your issue of June 24th, signed "Rambler," giving an account of the public opening of the New Temperance Hospital, it is stated that Mr. Hughes, the treasurer, drew attention to the fact that the death rate in the (Temperance) Hospital was lower than that of any similar institution in the metropolis, with the exception of the Homœopathic Hospital, being only  $4\frac{1}{2}$  per cent." The article then goes on to say, "Dr. Edmunds, however, subsequently pointed out that serious cases were not, as a rule, taken into the Homœopathic Hospital." I cannot allow such a statement to remain uncorrected, as it is calculated to injure the Homœopathic Hospital. Such a statement involves two points:—(1) Its accuracy as a statement of fact; and (2) as stated at that meeting, a comparison between the Temperance and the Homœopathic Hospitals. In other words, it implies that serious cases are, as a rule, taken into the Temperance Hospital, while the reverse is the case in the



Homœopathic Hospital, and that, therefore, the low rate of mortality in the latter institution is valueless as an indication of results as compared with the Temperance and other hospitals. Now, Sir, to prevent mistake, let me quote the list of diseases treated in the Temperance Hospital, as given in the report of that institution presented May, 1880. It is as follows:—Struma, erysipelas, in-growing toe-nail (operation), lead poisoning, ruptured perinæum (operation), asthma, stricture, club-foot (operation), diseases of liver, diseases of rectum, rheumatic fever, chronic rheumatism, chorea, sciatica, nervous debility, diseases of kidney, disease of brain, disease of heart, disease of generative organs, phthisis, bronchitis, pleurisy, pneumonia, dipsomania, cancer, disease of spleen, fatty tumour (operation), diseases of skin, disease of bone, diseases of joints, diseases of uterus, ulcers of leg, abscesses, effects of accidents, paralysis, hysteria, dyspepsia, diseases of eyes, dysentery.

Pardon my taking up your space with this list, but it is in order to show that in selecting those that might be termed “serious,” I have done so fairly. We find, then, that the only cases worthy of being called “serious,” treated during the past year in the Temperance Hospital, were—

	Cases.		Cases.
Erysipelas .....	1	Pneumonia.....	4
Disease of liver.....	3	Cancer .....	1
Rheumatic fever .....	2	Disease of bone .....	4
Disease of kidney.....	1	Diseases of eyes .....	2
Disease of brain .....	3	Disease of joints .....	6
Disease of heart.....	11	Abscesses .....	5
Phthisis .....	12	Effects of accidents .....	6
Bronchitis .....	9	Dysentery .....	1
Pleurisy .....	2		

Of this list, as subdivision of diseases is not given, it is impossible to say whether the diseases of the kidney, brain, heart, liver, bone, joints, abscesses, and effects of accidents, were serious or not; but I give them the benefit of the doubt, and suppose them all serious. Thus out of 135 cases in all treated in the hospital during the year, only 73 can have any claim to be termed “serious.” Only four operations were performed, and none of these can be said to involve anything serious, viz.: ingrowing toe-nail, ruptured perinæum, club-foot, and fatty tumour.

Now let us look at the Homœopathic Hospital Report for the year ending March 31st, 1880. I forbear taking up your valuable space with a complete list of diseases treated in the hospital during the year. I only extract those which might be termed serious, taking the same standard as for the Temperance Hospital. It will be observed that the statistics of the Homœopathic Hospital are much more minute than those of the Temperance Hospital. We do not simply give the number of so



many diseases of each organ, but state the nature of each disease, thus enabling me to exclude such cases as are not serious. We find them as follows:—

	Cases.		Cases.
Scarlatina.....	5	Gastritis—	
Typhoid Fever.....	4	Sub-Acute .....	5
Erysipelas .....	1	Chronic.....	2
Septicæmia .....	2	Enteritis .....	2
Acute Rheumatism.....	12	Chronic Dysentery .....	1
Sub-acute.....	13	Cirrhosis of Liver .....	2
Cancer of Stomach.....	1	Hydatidcysts of ditto .....	1
"  Liver .....	1	Ascites .....	1
"  Rectum .....	2	Kidneys—	
"  Mamma .....	1	Bright's Disease, Acute ...	1
"  Uterus .....	5	"  "  Chronic..	1
Myeloid Tumour of Hip ...	1	Tuberculosis of Kidney ...	1
Acute Miliary Tuberculosis..	1	Post-Scarlatinal Nephritis	1
Phthisis .....	16	Cystic Disease .....	1
Morbus Coxæ .....	6	Uræmia .....	2
Diabetes Mellitus .....	2	Inflammation of Uterus ...	3
Meningitis of Brain .....	1	Fibroid Tumour of Uterus...	7
Chronic Hydrocephalus.....	2	Bone Necrosis .....	2
Cerebral Congestion .....	3	Joints—	
Apoplexy .....	2	Synovitis Acute .....	2
Ulceration of Cornea .....	2	Ditto Chronic .....	1
Rheumatic Iritis.....	4	Abscess of Joint.....	2
Optic Neuritis .....	2	Angular Curvature of Spine.	1
Diseases of Heart—		Abscess.....	10
Pericarditis .....	2	Carbuncle.....	5
Valvular Disease.....	9	Poisoning.....	2
Hypertrophy of Heart ...	1	Injuries—	
Aneurism .....	3	Compound Fracture of	
Disease of Lymphatics .....	1	Skull.....	1
Laryngitis .....	2	Fracture of Jaw .....	1
Bronchitis—		"  Neck of Femur	1
Acute .....	7	"  Tibia .....	2
Chronic.....	12	"  Ribs .....	2
Pneumonia—		"  Coccyx .....	2
Acute .....	20	Burns and Scalds .....	2
Chronic.....	14	Contusions .....	9
Pleurisy .....	2	Lacerated Wounds .....	3
Empyema.....	2	Incised .....	3

There were 18 operations, not including those for fibroids of the uterus and polypus, which are not named in the report. Of these 18 there were 5 which can be called serious—viz., amputation of leg, 1; extirpation of eyeball, 2; excision of mamma, 1; and excision of necrosed tibia, 1.

Since the issue of the report for March, 1880, there have been to my knowledge more than the usual average of serious cases, but as these are not in the report, I refrain from giving detail.

We thus see that out of a total of 494 cases treated in the hospital for the year there were 252 cases which might be termed serious, 18 operations (besides those of fibroids of uterus, not in the report, five of them serious.



I have to apologise, Sir, for thus trespassing so largely on your valuable space, but you will see that detail such as I have given is necessary to rebut such an erroneous statement as Dr. Edmunds is said to have made, since a mere denial of its accuracy would go for nothing. It is too much the fashion for our allopathic friends to make statements in regard to homœopathy, the incorrectness of which it would be easy to ascertain did they take the smallest trouble to inquire into the facts. I leave any one to judge of the correctness of statement reported to have been made by Dr. Edmunds; and, therefore, whether the mortality in the Homœopathic Hospital cannot be fairly brought forward in comparison with that of the Temperance and other hospitals. I may add that the average death-rate for the past ten years in the Homœopathic Hospital is about 3.2 per cent.

July 3, 1880.

#### LONDON SCHOOL OF HOMŒOPATHY.

At a meeting of the committee held on Monday, July 12th, it was proposed by Captain Vaughan Morgan, and seconded by the Earl of Denbigh, "That it is desirable that a lecture shall be delivered annually, explanatory of the history of Hahnemann's discovery of homœopathy, illustrating its principles, and the life and works of its founder; that such lecture shall be delivered in place of the introductory lecture of the school, by a lecturer annually appointed by the committee of the school in accordance with Rule 5; that the lecture for the present year, shall be delivered on Monday, October 4th, and that an honorarium of five guineas (at least) shall be set apart to be given to the lecturer as appointed. This resolution was carried unanimously. The committee of management have appointed a sub-committee, consisting of Drs. Yeldham, Bayes, and R. Hughes, to make the necessary arrangements.

We understand that the lectureship for the present year has been offered to, and accepted by Dr. J. Compton Burnett, editor of the *Homœopathic World*. We look forward to a treat as the result of this excellent selection.

#### CANTERBURY HOMŒOPATHIC DISPENSARY.

We have received the annual report of this institution, which, under the excellent medical care of Dr. Donald Baynes, is in a healthy and progressive condition; 229 cases were treated during the past year. It was unanimously voted that an annual subscription of two guineas be given to the London Homœopathic Hospital. The excellent example thus set by this institution, will we hope be followed by many other provincial dispensaries, as a valuable addition to the funds of the hospital might thus be obtained, and never missed out of the funds of the respective charities, whose patients receive benefit from being admitted into the Hospital.



## LONDON HOMŒOPATHIC HOSPITAL.

WE are requested to state, that in consequence of its being found absolutely necessary to make extensive repairs and improvements in the basement of the hospital, it has been decided, on the advice of the medical staff, to close both the wards and the out-patient department during the whole of the month of August.

## LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the three months ending July 15th, 1880, gives the following statistics :—

Remaining in Hospital April 22nd, 1880	...	36
Admitted between that date and July 15th, 1880		114

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150

Discharged between April 22nd and July 15th ...	107
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Remaining in Hospital, July 15th, 1880	...	43
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The number of New Out-Patients during the above time has been	...	...	...	...	...	...	1,655
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The total number of Out-Patients' attendances for the same period has been...	...	...	...	...	...	5,001
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## CORRESPONDENCE.

## THE LONDON SCHOOL OF HOMŒOPATHY.

(Letter No. 2.)

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—You have rather forced my hand by your remarks appended to my letter, which appeared in your *Review* of last month, I therefore send you a second letter, sooner than I had intended, in which I shall endeavour to show you the policy, step by step, that cannot fail, so far as I can see, to attain the objects of my aim.

These I will recapitulate—

1.—Increased clinical instruction in a large hospital, *containing at least 180 beds.*

2.—The public teaching of our principles by lectures.

3.—A charter, giving us power to grant degrees.

I venture also to recapitulate my opinion that it is neither wise nor right to look on this question from a *professional* point of view alone. The *profession* is the *servant* of the public, not its *master*—its minister not its sovereign. And this is, therefore, a lay subject; a *public* question. It is for the great homœopathic public to discuss and decide this question—*Has the allopathic medical monopoly a right to obstruct the education of physicians, and to prevent their acquirement of a knowledge of homœopathy?*



That it does its best to keep the profession in ignorance of the science and art of homœopathy is patent and avowed.

How can we right this wrong? If by legal enactment it were possible to compel the teaching of homœopathy in every medical school in England, what means should we have to ensure its *efficient* teaching? It would be easy to so teach it as to ensure failure

There exists only one way to ensure the true and scientific teaching of Hahnemann's method in its purity, and with practical success. That is by having a school of our own established, where the professors and teachers shall themselves believe what they teach, and practise what they believe. We must have a high standard set, and we must act up to it, showing by our teaching how great a reform is that by which Hahnemann revolutionised medicine.

It is no use continuing to attempt to creep into the established schools. The policy is ignoble and bound to fail both on moral and medical grounds. Even if these insidious attempts were to meet with success—what would that success involve? It would dim the light and lustre of the new system by plunging it into the dust heap of the old. The public would suffer. Patients treated by the mixed system of “diamonds in a dust heap,” would be worse off than if treated purely by allopathy; and it is the public—*our patients*—whose interest is paramount in this question.

What then would I do? I should begin by forming a Homœopathic College, with power to grant degrees, after examination.

1st.—To medical men already possessed of a legal diploma.

2nd.—To candidates who should be able to satisfy the examiners that they had studied medicine and taken their degree at some recognised university, school of medicine or college in the United States of America, or some other foreign university or school. In addition to which diploma or degree, that they should have attended during one complete session, the lectures and clinic at our London School of Homœopathy.

3rd.—To candidates who, not having obtained a diploma at any Foreign or American university or college, were able to produce evidence of having attended such courses of medical instruction as should satisfy the examiners as to their fitness to be examined.

Further, it seems to me that we ought to have an arrangement with such medical schools in America and abroad, of whose lectures we approve, by which the courses of lectures delivered in our and in their school shall be considered as equivalent, and the attendances on either course should be accepted, as equally qualifying the candidate for examination at either institution.



The final great point is wholly for the public to attempt for us. It is for their benefit that the hospital must be enlarged, until it is a fit and proper field for clinical teaching. It is for the benefit of the public alone, that a School and College of Homœopathy should be founded.

To do this in a thoroughly efficient and complete manner, £100,000 will be needed. A large sum, but one which the lay body of homœopaths could raise without effort if so minded.

Among our *clientèle*, we number not a few men who could do this single handed, and without the need of any real self-denial.

Will some millionaire among us enlarge the Hospital by 70 beds, at a cost, say of £70,000? Will some other of less enthusiasm or smaller means found our School, by a donation of £80,000?

Yours truly,

WILLIAM BAYES, M.D.,

Hon. Sec. to the London School of Homœopathy.

## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from "AMICUS;" Dr. BATES; Dr. CLIFTON, Northampton; Dr. EDWARD BLAKE; Dr. MADDEN, Birmingham; Dr. ROTH; Dr. HARMAR SMITH, Ramsgate; Dr. SCRIVEN, Dublin; Dr. BAYNES, Canterbury; Dr. ALLEN CAMPBELL, Adelaide; Dr. MURRAY MOORE; Dr. KNOX SHAW, St. Leonards; Dr. JAGIELSKI; A. E. CHAMBER, Esq.; JAMES EPPS, Esq.

We understand that Dr. EDWARD BLAKE has removed from Reigate to 47, Seymour Street, W., his place at Reigate having been taken by Dr. WOODGATES, late of Exeter, Dr. WHITE, formerly of Richmond, having gone to Exeter.

## BOOKS RECEIVED.

*Laurie's Epitome of Domestic Medicine.* Thirtieth edition, edited by Dr. Gutteridge. Leath & Ross.—*Diseases of Infants and Children, with their Homœopathic Treatment.* Vol. 2. By T. C. Duncan, M.D. Chicago.—*Gastein, its Springs and Climate.* By G. Proell, M.D., Vienna.—*On Pyrexia, or Pyrogen as a Therapeutic Agent.* J. Drysdale, M.D. Baillière, Tindall & Cox.—*The Effects of Trituration.* C. Wesselhoest, M.D., Boston.—*British Journal of Homœopathy.* July.—*Homœopathic World.* July.—*The Organon.* July.—*Monthly Magazine of Pharmacy.* July.—*Student's Journal and Hospital Gazette.* July.—*Homœopathic Times.* July.—*Hahnemannian Monthly.* July.—*United States Medical Investigator.* June 15.—*Therapeutic Gazette.* May, June.—*New England Medical Gazette.* July.—*Homœopathic News.* St. Louis. June.—*St. Louis Clinical Review.*—*South Australian Register.* April 20, May 3 and 10.—*Allgemeine Homœopathische Zeitung.* July.—*Homœopathische Rundschau.* July.—*Revue Homœopathique Belge.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### BRITISH HOMŒOPATHIC CONGRESS.

ONCE more we have to direct the attention of our readers to the approach of our Annual Congress, a meeting which is always looked forward to with interest and pleasure by the majority of those who practise homœopathy in this country.

This year, the gathering will take place at LEEDS, a town which, from its central situation, the ease with which it may be reached by rail from all parts of the kingdom, the opportunities presented by the well known health resorts of Ilkley, Harrogate and Scarborough—all of which are within short distances of it—of commencing or completing a holiday, is admirably adapted for a meeting of the kind it is proposed to hold.

The circular detailing the business to be transacted has been issued somewhat earlier than usual this year, an innovation which will, we trust, have had the advantage of enabling gentlemen to make their arrangements for the holiday season, so as to include a visit to Leeds on the 9th of this month.

It is impossible to ascertain at present whether the papers which are announced as going to be read are such as our somewhat fastidious friend, Dr. HAYWARD, will regard as suitable for reading at a Congress, but so far as we can gather from their titles they appear to us to deal with subjects eminently demanding that full and careful



discussion which can only be obtained at a meeting of this order.

The President will address the Congress on "The Pursuit of Certainty in Medicine." Every one who knows Dr. YELDHAM, recognises in him a largely experienced, carefully observing, and successful practitioner; and we doubt not that on the coming occasion we shall have the results of half a century of experience and observation laid before us in a thoroughly practical and useful manner.

Dr. BURNETT will follow the President with a paper on a very important subject, one which embraces a wide field of enquiry, one on which medical men are often consulted, one regarding which a large increase of exact observation is requisite ere we can speak with that degree of confidence with which we would desire to do. In the hands of Dr. BURNETT we may rest assured that some light will be thrown upon it, some help rendered to the practitioner, while we trust that the discussion may elicit some of those interesting observations which, though often made, yet being for want of time or opportunity frequently unrecorded, are made in vain so far as the majority of the profession are concerned.

After the exhibition of a pathological specimen of interest by Dr. GIBBS BLAKE, Dr. DRYSDALE, of Liverpool, will read a paper on "The Need and Requirements of a School of Homœopathy." We trust that some practical hints capable of rendering our London School still more useful may be derived from Dr. DRYSDALE's contribution to the proceedings.

The next business to be brought before the Congress is the most important of the day, viz., the consideration of the Report of the Sub-Committee appointed to make arrangements for the International Homœopathic Convention, to be held in London in 1881. This is the last



occasion on which the details of the proposed meeting can be considered by any larger body than the Committee, hence we trust that they will receive a full measure of attention. Were there no other reason for desiring a large attendance, the necessity for the settlement of a thoroughly well discussed scheme for rendering the International Homœopathic Convention of 1881 a success, for investing it with interest, for making it attractive to our American and Continental colleagues, would be in itself amply sufficient to induce us to urge all who by any possibility can be present to appear at Leeds on the 9th instant and assist in sustaining the credit of British homœopathic practitioners in 1881. The indefatigable Secretary of the Convention—Dr. HUGHES—has procured a large mass of information bearing upon it, while we believe that the attendance promises to be considerable, and the papers to be contributed in the several branches of medicine, surgery and obstetrics, bearing upon therapeutics, to be varied and valuable.

Much of the success of the last meeting of this kind—that held in Philadelphia, in 1876—was due to the admirable qualities of head and heart, the courtesy, consummate tact, and personal popularity of the President, the late Dr. CARROLL DUNHAM.

So it will be with us. The success of the 1881 meeting will be largely dependent upon the selection of the President to be made at the forthcoming Congress. To whomsoever the responsible and onerous duty of representing British homœopathists may be entrusted, we hope that the warm and thorough support of all his colleagues will be ungrudgingly accorded. On such an occasion a knowledge of the world, an active interest in all our public institutions, an intimate acquaintance with the history of homœopathy, both here and abroad, a freedom from the shackles of party,



are qualifications of higher moment than either a scientific or a literary reputation.

The meetings of the INTERNATIONAL HOMOEOPATHIC CONVENTION will of course be held in the Metropolis, but doubtless an expression of opinion, as to the most suitable part of the vast area comprised in that term in which to hold them, will be asked for. Other details regarding the business to be transacted, and the financial arrangements, will also be subjects of discussion, while the decisions arrived at will have an important bearing on the success of the meeting.

We hear that a number of physicians from different parts of Europe will be present, and that a large contingent is to be expected from America, where the interest felt in the 1881 gathering found full expression at the recent meeting of the American Institute at Milwaukee. The next meeting of the American Institute has been arranged to be so timed, and held in such a locality, as to enable our American brethren to sail for England directly after it closes.

With such prospects before us, we cannot be too careful in discussing the measures necessary to render the meeting successful, or in selecting the officers upon whose management so much will depend ; we therefore hope that we shall find at Leeds a large number present to take part in these proceedings.

We may, in conclusion, repeat a notice given in the circular issued by the Secretary, to the effect that the meeting will be held at the Great Northern *Railway Station* Hotel, and not at the Great Northern Hotel. The similarity in the names of these two houses may possibly lead to disappointment unless the distinction is remembered.

The Congress will be opened on Thursday, the 9th instant, at ten o'clock in the morning.



## THE ACTION OF DRUGS IN DISEASE.

By WILLIAM SHARP, M.D., F.R.S.

"Why think? Why not try the experiment?"—JOHN HUNTER.

### INTRODUCTION.

THE last paper was occupied with replies to the criticisms of Dr. Richard Hughes, of Brighton. A conditional promise was given that these should be continued in another paper. I have been most anxious to understand Dr. Hughes, but I am not sure that I have always succeeded. Our ways of looking at natural phenomena are so divergent that our ways of thinking about them can scarcely run in parallel lines; so that I fear we must often agree to differ. I am obliged to controvert his notions. For himself I have nothing but brotherly affection. My courteous readers will suffer so much in the way of preface.

It is proposed in this paper to give a short retrospect of the past—to notice some fresh correspondence, and to study the action of drugs in disease. Before doing this, a few remarks will be offered in the hope of making what follows so clear that it cannot be misapprehended. These remarks will apply—(1) to the objects of our study; (2) to the rules for guiding us in the study of them; (3) to the language in which our thoughts upon them ought to be expressed.

1. *The objects of our study.*—These are a small portion, but a transcendent portion, of the phenomena of nature—the mechanism of the living body; first in a state of health, and then in a state of disease. Very wonderful and intricate is this mechanism in both its conditions; but if, by the diligent employment of the faculties God has given us, we are careful to distinguish between those parts of it which we may hope to understand and those which we cannot understand, a great impediment to our progress in knowledge will have been removed. Let us then remember that we can understand only such parts of this mechanism as we can perceive by our bodily senses, and such inductions or deductions as our reason teaches us to draw from them, and that we cannot know those secret processes of its working which lie hidden from our sight. If we rightly use the means in our power, we can learn



*what* the work is ; we can never learn *how* it is carried on. This is the first divergence between Dr. Hughes and me in our manner of looking at natural phenomena. In 'Lecture V.' he says : " I think Dr. Sharp has not yet touched the subject of nutritive as distinct from functional disorder. While in the latter the curative operation of apparently homœopathic remedies may be antipathic, in the former I can see no room for such *working* and no evidence but against it. *Aut simile aut nihil*. There is no trace of anything but homœopathy *from the surface to the deepest root*." Now, I am content to stay on the surface. Will my readers remember this while they are perusing any of my papers ? In another place, Dr. Hughes, speaking of what he calls my " theory of homœopathy," says : " Dr. Drysdale has sunk a deeper shaft." To me it seems that to go down into this pit would be to go down into darkness. I prefer to remain in the light on the surface.

2. *The rules for the study of physical science.*—I venture to express these as follows :—

#### RULE I.—OBSERVATION.

We are to observe, as carefully as we can, with our bodily senses, the phenomena of nature ; noting their resemblances and their differences.

#### RULE II.—CLASSIFICATION.

We are to occupy our minds in arranging these phenomena ; putting into groups those which resemble each other, and separating those which differ.

#### RULE III.—CAUSATION.

There are conditions under which we are justified in assigning the cause or explanation of a phenomenon. When these conditions are not fulfilled, we are not to assume a conjectural cause or explanation, but must wait for increased knowledge.

A property belonging to a phenomenon I call an individual fact. A property belonging to every member of a group, and forming one of the points of resemblance amongst them, I call a general fact—general being here used in the sense of universal. A general fact is sometimes called a law, and sometimes a generalisation. The



difference in the meaning of a "general fact" and the common expression a "general rule" should be noticed. A general rule means a rule generally true, but with exceptions; a general fact means a fact universally true, and without exceptions. Properties are either such as can be perceived by the senses, and so are themselves phenomena, or such as are plain deductions from phenomena. Nothing is to be conjectured about occult properties or qualities. Causes are deductions from phenomena.

These rules apply to medicine as they apply to every other branch of physical science. From the results obtained by pursuing this method of study we may draw such practical rules for guidance in our work, as may fairly be deduced from them.

8. *The language in which our thoughts are to be expressed.*—It is a necessity in our present existence, that instruction in spiritual things be given through metaphor, simile, or parable. We cannot be taught in direct spiritual language; there is no such language on earth. Many controversies and many errors have arisen from the forgetfulness of this obvious truth. On the contrary, instruction in natural things can, and, therefore, ought, to be given in direct language, that is, in words truly representing the impressions made on the mind through the bodily senses. Metaphorical language ought to be shunned. Many controversies and many errors have arisen from the forgetfulness of this obvious truth. The first remark belongs to theology, and is left to that sacred subject and its students. The second belongs to natural science and, therefore, to therapeutics and to these papers, and the author has been very desirous to obey its requirements, with the liberty which analogy allows, of illustrating one natural phenomenon by reference to others.

But in the teaching of every branch of science some words must be used which are not common words, which are not simple but technical words; though the fewer of these the more praiseworthy is the writer. These technical words have their meaning given them by those who use them, and so they have various meanings; and it is necessary that each author give a definition of his own meaning of such as he uses; this is the only way to avoid interminable and useless controversies. Every writer is entitled to give his own definition, and the only obligation he is



under is to adhere carefully to it throughout his book. These definitions by different writers will differ ; but if they are, as they ought to be, intelligible, and if they are steadily adhered to by each writer, this is all that can be done in the matter. The meaning given to the word may be untrue of the thing it is intended to represent, but this does not make the definition wrong. The definition is what the author truly thinks and means. It may be wide apart from, it may even be the opposite of the actual mechanism of nature, but it is the meaning of the word in that particular book. Definitions of the technical words I have used have been given in several former Essays, and particularly in the first paper published in the *Practitioner* (Essay XXXIII).

#### RETROSPECT.

During the course of the investigation of Hahnemann's system of medicine, which has now occupied me many years, I have been compelled to come to several conclusions very different from his ; and it has seemed a duty to the sick and to my profession to make these differences known. This has been done with no inconsiderable labour, and at great expense to my peace of mind. It has satisfied my conscience ; but, I regret to say, it has not always pleased my medical brethren. Among the divergencies from Hahnemann into which I have been led, has been the conviction of the truth of three general facts, which if true are of the highest practical value in the medical treatment of sick people.

*Organopathy*.—In 1867, my belief in the local action of all drugs, and of the use to be made of this law of drug-action, was put before the profession, and the name of organopathy was given to it. This was received in America with vulgar ridicule, by one of Hahnemann's earliest disciples ; and in England by an exhibition of feelings, which I do not care to characterise, by the *British Journal of Homœopathy*. All which was borne in patience. Later, Dr. Hughes first accused it of being "narrow," and then condemned it because of its narrowness ; reminding us of an old English proverb. But time goes on ; a new fact becomes familiar ; by-and-by it is recognised as what every one knows, and then the fierce opposition which it at first encountered, is as much forgotten as if it had never been. In 1871, Dr. Bayes, in the opening sentences of his



book called, "Applied Homœopathy," refers to organopathy and, after giving an explanation of the meaning of the word, says: "This statement of Dr. Sharp's I accept and fully endorse." In 1877, Dr. Hughes, in his third lecture, says: "We are, in this country, much indebted to Dr. Sharp for his insistence on the truth of the local action of drugs." In his letter to me (printed in the last paper) he admits the existence of organopathy as a fact, but he still thinks it narrow. "True homœopathy includes organopathy, and it has a much wider range." Here, then, at present we must agree to differ. To me local action embraces every disease, and every common cause of disease; and also, as one of these causes of disease, every drug has a local action of its own. Moreover, the true remedy, in each case of disease, is to be found among those drugs which have an action upon the parts where the disease exists. This is wide enough. This I call organopathy. It is one of the stones of a sure foundation for therapeutical science. Again, time will go on; and the individual facts, of which this general fact is composed, are so conspicuous, that, I think, nothing can hinder the universal acknowledgment of it as an undeniable truth. The greatest difficulty in the way of the reception of such facts as these is their simplicity. They lie on the surface. They are phenomena merely. I have sunk no deeper shaft. Minds like that of Dr. Hughes cannot rest satisfied with phenomena. They will try to see something deeper; and as they cannot see anything, they will imagine something. If they think that I profess to see anything deeper, they are mistaken. I tell them I have no theory, but this they will not believe. Of course, I may think a thing a fact which is not one; in that case the way to prove me in a mistake is to show *by experiment* that it is not a fact. No amount even of "full argument" can ever do this.

*Antipraxy.*—The second general fact was put before the profession in 1873. It is the contrary action of certain larger doses and certain smaller doses of each drug alike in health and in disease. I have called it antipraxy. It has reference, not to the seat, but to the kind of action. The local action of drugs, each in its own seat, and this opposite action of different doses of the same drug are beyond any present explanation. They are facts which are very surprising, as are all the facts of nature. They are on the surface. Appearances which anyone may see.



who chooses to look for them. How antipraxy may be seen in experiments on healthy persons was shown in the last paper, in which its existence was admitted by Dr. Hughes, and its extent measured by the rule invented by him for this purpose. How it may be seen in experiments on sick persons will be shown in this paper, and also how its extent may be measured. A difficult question respecting this contrary action of different doses arose immediately on its first observation, namely—what is the dividing line? Further experiments showed this to consist of some intermediate doses which have two actions, the first like one, the second like the other of the contrary actions. To this double action of intermediate doses the name of *Dipraxy* was given. Dr. Hughes takes advantage of these experiments to say: “On the first announcement of your theory in 1878, I pointed out in the *British Journal* that your facts belonged to the same class as those which had suggested the notion of primary and secondary actions; and your subsequent recognition of the double effect of certain intermediate doses links your view with that.”—(*Letter*). In Lecture V. he says: “Dr. Sharp’s doctrine has become harmonious with that of his predecessors and colleagues.” This is not correct. There have been several theories founded upon what has been called the primary and secondary actions of drugs by Hahnemann, Fletcher, and others. Dr. Hughes condemns them all, and I agree with him. Dr. Dudgeon buries them “in the tomb of all the Capulets,” and I have no regret. What I testify to are phenomena, appearances on the surface, and the only link which I see the intermediate doses form, is that between the larger and the smaller. They stand between these. Here, again, the difficulty which Dr. Hughes has, is his inability to divest himself of theoretical conceptions. If a statement is not an explanation it is nothing to him. In the same manner Dr. Bayes and Dr. Drysdale contend against antipraxy. When I affirm that certain larger doses of *aconite* quicken the heart’s beats, and that certain smaller doses slow them, and call this contrary action, they say this is *caused* by the different doses acting upon the heart through different sets of nerves; and so they argue that it cannot be a contrary action. Did I say anything about the cause? or how the two actions are done? Nothing whatever. I say that certain larger doses of *aconite* make the heart



beat faster, and that certain smaller doses make it beat slower. Can they deny that? This is action in contrary directions; and this is antipraxy. They "refuse to accept appearances." Then we must agree to differ. Dr. Hughes calls antipraxy my "theory." We know not how lightning is carried across the sky. Perchance a neighbour may see it at one time flash from east to west, and at another from west to east; and possibly he may be led to remark that on those two occasions these wondrous electrical discharges *moved in opposite directions*. Would he not think it odd if we told him that in saying this he was theorising? We know not how drugs act on the living body; but we may see (if we are willing to look) that larger doses and smaller doses of the same drug act in opposite directions. We are not theorising in saying this of drugs, any more than our neighbour in what he said of those two flashes of lightning.

*Antipathy.*—The third general fact, which now appears to me to be very plain indeed, is this: "True homœopathy" consists in the action of the larger doses. When this is known to resemble the action of any case of disease, it may also be known that the action of the smaller doses of the same drug will act antipathically, and therefore curatively in that case. There have been many antipathies; that of Galen governed the medical world for thirteen hundred years; an account of it, and of some others is given in Essay XIX. All these have been rejected. There remain two antipathies. (1.) The larger doses given to act upon the ailing parts, and to produce visible and sometimes violent effects, with the intention of curing the disease by a contrary action. This is the antipathy of the older school of medicine. (2.) The smaller doses given by homœopathists. It is becoming common in the older school now to wish to act upon the diseased parts, and medical men find that they must diminish the size of their doses, and they are giving such small doses as, fifty years ago, would have been ridiculed; still they wish to have the antipathic action of the larger doses; while the homœopathists, without knowing it, work with the antipathic action of the smaller doses. Thus I have once more re-stated my facts; and Dr. Hughes will, I fear, once more feel his "inevitable dissent." In such a case there is nothing left for us but to make up our minds to agree to differ.



## CORRESPONDENCE.

Since my last paper appeared I have received some letters from Dr. Hughes, which he has given me leave to notice. It will be convenient to do this before entering upon the proper subject of the present paper. In the first letter, dated June 11, he says: "I should not think of claiming both the cures with *opium*, which you mention, as 'homœopathic.' I should agree with you about the first; while about the second I should ask (a) what evidence is there that *opium* in small doses relaxes the bowels in health? and (b) why should such merely temporary and 'aperient' action cure permanently habitual constipation?" The first question is answered by saying that I have repeatedly tried the experiment, and always with a similar result. And the second by saying that many experiments have also shown that the smaller doses of *opium* do cure that kind of constipation which the larger doses cause. This is the natural action of the smaller and larger doses of *opium*, alike in health and in disease.

The proposition to which the above paragraph refers was this: "I claim and we have always claimed, every cure made by a similarly acting medicine as homœopathic, whatever the dose, in which either pathogenetic or remedial action is obtained." This bold proposition certainly includes the two cases of *opium* cure, which were put as an extreme example to show, if I could, the unwisdom of the proposition—"whatever the dose"—"either pathogenetic or remedial." Hahnemann, in his provings of *opium*, puts down both constipation and diarrhœa as its action; and says nothing about doses. Dr. Hughes claims a cure made by a similarly acting medicine as homœopathic, whatever the dose. If, therefore, diarrhœa and constipation are both caused in health and cured in sickness by *opium*, he must, to be consistent, claim them both. Here are the two horns of a dilemma. Either the proposition is true and both cases must be claimed; or the two cases cannot be claimed and the proposition is not true. Dr. Hughes chooses the latter seat. He cannot think of claiming the two cases, and so he must let the proposition go. Experiments with small doses in health have shown how all this confusion may be cleared up.

In the same letter he writes: "Your argument (on function, secretion, and nutrition) is very ingenious and perfectly sound so far, that it shows nutrition to be as



capable of a *plus* and *minus* as is secretion and function. But this I never questioned." I replied that his assertion surprised me, because the object of the argument was to prove that, as the rule by which he measures antipraxy, namely, a *plus* and a *minus*, reaches to nutritive processes, antipraxy itself must also reach to them. He writes (June 17): "If you will look again at my last letter you will, I think, find nothing about antipraxy. I acknowledged your ingenious demonstration from my own words, that nutrition also, as well as function, had a *plus* and a *minus*. But this, I said, I have never questioned." I then wrote (June 18) "You have admitted the existence of antipraxy. The only question between us is the extent of its application. The rule which you have chosen by which to measure this extent, is the possibility of a *plus* and *minus*. I understood you to limit this rule to function, with a doubtful extension of it to secretion. My object, therefore, was to show that it extended also to nutrition; and if so, it seemed a necessary inference from your rule that antipraxy extends to nutrition also. Will you be so obliging as to say whether, in admitting the extension of your rule of *plus* and *minus* to nutrition, you at the same time admit the extension of antipraxy to it? I should be very sorry to misunderstand you, as our object is simply to get at the truth. Will you kindly say *yes* or *no* to this question?"

"College Villa, June 19.—Of course, in admitting that nutrition may have a *plus* and a *minus* I admit that drugs *may* influence it after the manner you call antipraxy. I doubt very much, however, if they do." Here, again, are the two horns of a dilemma. Either the rule and the things said to be measured by it are of equal length, and antipraxy must extend to nutrition; or they are not of equal length, and the rule must be abandoned. If I understand Dr. Hughes, he would rather sit upon the last, and give up the rule. But why doubt? The reason given is this:—"Because nutrition is too slow a process to admit of much of that stimulation and exhaustive recoil by which alone I can conceive the possibility of antipractic action. And even if they did, I maintain that that would help us little in disease where nutrition rarely comes before us merely quantitatively altered. That is my position." This, again, reveals the initial divergence in our two minds. He uses facts only to support new theories; I use theories



only to suggest experiments to discover new facts. The paths we follow do not meet, and so again we must agree to differ.

It is necessary to notice that Dr. Hughes makes divisions, which in the investigation of the action of drugs have no useful significance and ought to be abandoned.

1. He has made much of *function*, *secretion*, and *nutrition*; and has dealt with experiments with drugs as if this division was of the highest importance. Yet it is nothing. Why should secretion, the work of glands, be distinguished from function, the work of muscles, bones, and nerves? The liver secreting bile is as much performing its function as the heart circulating the blood, or another muscle moving a limb. And the rule which he has invented (I must have been mistaken in attributing it, in my last paper, to Dr. Drysdale) of *plus* and *minus* belongs, as he says he never questioned, as much to nutrition as to the other two. In other places these divisions are abandoned. When speaking of protoplasm in function, secretion, and nutrition, he teaches that "the process is the same, and the proceeder is the same—the everywhere present, everywhere active protoplasm," and "drugs act upon protoplasm." These divisions, sometimes maintained, sometimes abandoned, are practically useless; and in reasoning on the action of drugs, they are misleading.

2. Another division has been pressed upon me without ceasing for this seven years past. On September 11, 1873, I ventured to put forward the first experiments in health which seemed to me to prove the contrary action of larger and smaller doses of drugs. On October 1, Dr. Hughes writes:—"It would seem that Dr. Sharp has not yet grasped the idea of *qualitative* as distinct from the *quantitative* action of drugs. It was not until last year's Congress that we were able to congratulate him on having advanced beyond the *seat* to the *character* of their influence; and apparently, the region is yet too strange to him for all its features to become apparent." With much more to the same effect in the *British Journal of Homoeopathy*. I am sorry to be so slow. This qualitative and quantitative division of drug action is still insisted upon, almost with vehemence, on every occasion. The words are borrowed from chemical analysis, where they are expressive of two distinct kinds of analysis. They have



little meaning when applied to the action of drugs. Now that Dr. Hughes traces all vital phenomena to the working of protoplasm, and all drug action also to protoplasm, he will probably soon abandon the distinction. He has already written: "*Plus* and *minus* states, when existing at all, are generally indications of some *nutritive* disturbance at their root. How rarely is paralysis, for example, a purely functional disorder! Nearly every form of it is traceable to inflammation or softening of the nervous substance." And more to the same effect. What is true of paralysis is true, more or less conspicuously, of every function. No duty is performed without some structural change in the organ which does it. No drug can alter a function without altering the "organic state." Therefore, whether this division is maintained or abandoned, it is practically useless, and in reasoning on the action of drugs it is misleading.

Structure and function are necessary distinctions in anatomy and physiology. They are mischievous in the study of the action of drugs, where they are inseparably joined. "Nutritive processes" are as much functions as muscular contractions; and disturbance in the performance of any function involves structural changes and constitutes disease.

Qualitative and quantitative are necessary distinctions in chemical analysis. They are mischievous in the study of the action of drugs. When a dose of a drug taken in health is seen to have an action in a certain direction, that direction indicates what the action would become if it were carried further. Homœopaths in their practice act every day upon this presumption. Disease is a continuous process, and there are not the sharp lines of separation in it which Dr. Hughes attempts to draw. It is to be hoped that he will be induced to give them up. His notions die, though by a lingering death. In 1876 he wrote in this manner: "It is to me inconceivable that a substance (this is said of *opium*), which in a moderate quantity excites any function, should in a somewhat larger quantity depress it. I cannot *think* it." The contrary action of opium in larger and smaller doses, both on the brain and on the bowels, is an instance of antipraxy; and now that he is "taking a wider view," we are glad to hear him say: "I have recognised that antipraxy has a certain limited range of truth"—(*Letter*, March 3rd.). It is "true as far



as it goes, clear, intelligible, and credible"—(*Makera address, 1879*).

If the rule of *plus* and *minus*, by which antipraxy has been measured, had been of my own choosing, the position of Dr. Hughes might have been more stable, though even then it would not, I think, have been difficult to take his support away. But the truth is quite otherwise. The rule was invented to limit the extent of antipraxy within small dimensions. It is his, not mine, nor am I responsible either for its success or failure. The sooner this rule and the divisions which have been connected with it are swept away, the better will it be for the progress of successful therapeutics. This is a long introduction, but it has cleared away some perplexing difficulties, and it will have rendered the rest of my task much shorter and easier.

#### THE ACTION OF DRUGS IN DISEASE.

This is a subject which medical men who observe and think cannot but consider of supreme importance. There are, indeed, other matters in the treatment of the sick—such as food, clothing, warmth, fresh air, exercise and rest, nursing, and cheerful company—which are important also; but in attention to these things others can share; whereas the medicines to be given are in the hands of the physician alone. Moreover, the darkness in which this essential part of the treatment of the sick has been hidden for so many centuries, and its consequent ill success, are additional motives of the strongest kind to urge a conscientious man to see to it that it shall not be his fault if this darkness is not in some degree diminished, and this ill success made less. He will, assuredly, do his best to let in some rays of light into the gloom, and to secure the recovery of some patients from diseases of which those suffering from them have, hitherto, died. This has been said before, but it may be said again.

The action of drugs on the living body of man is to be learned first by experiments on healthy persons, and next by experiments on the sick. In each of these experiments, whether on the healthy or the sick, one drug should be taken alone, and one dose (allowing repetitions of the same dose) of that drug. The effects produced by the dose, so far as careful observation can teach us, should be written down at the time, and *each experiment should be preserved as a separate report*. These effects are to be looked upon, not as



the effects of the drug, but as the effects of that particular dose of the drug. It has been contended in former Essays that from such experiments we learn that, as in health so in disease, all drugs act locally, or on particular parts of the body, each drug on its own parts; and these parts are the same in health and in sickness. It is contended in this Essay that this local action is of the same kind in disease as in health, so far as obstructions will allow; and also that it is in opposite directions, according as the doses are larger or smaller, alike in health and in disease.

#### THE ACTION OF THE LARGER DOSES IN DISEASE.

The remaining difficulty of Dr. Hughes belongs to the action of drugs in disease. "When we come," he says, "to those alterations, which, in their full development are inflammation and fever, we have entered a different region." This is one of those sharp divisions which Dr. Hughes is fond of imagining, but which do not exist in nature, and which we have learned to discard. A careful reading of the sentence will show that the very wording of it betrays its fallacy. "Those alterations, which *in their full development* are inflammation and fever." What were they before that full development? Dr. Hughes shall tell us. "The most obvious fact about inflammation is the change in the circulation of the part; the dilatation of its blood-vessels, the throbbing of its afferent arteries, its own redder colour, and heightened temperature. It was natural to suppose that this vascular disturbance was the prime factor of the process; that inflammation consisted in increased determination of blood to a part and consequent functional change. But experiment has shown that such elements do not of themselves constitute inflammation. The circulation of a part may be greatly exaggerated by dividing its vaso-motor nerves . . . but there is an entire absence of exudation, and of swelling or pain. On the other hand, let an irritant be applied to a given spot, or conveyed thither by the circulation. *There is the same dilatation of vessels and increased afflux of blood*; but at the seat of irritation stasis soon supervenes and liquor sanguinis and corpuscles begin to be extravasated. . . . We have a corresponding series of facts in regard to fever, which is—as Fletcher long ago pointed out [and Fordyce before Fletcher]—inflammation in the system at large." (*Lecture III.*)



It seems a reflection upon the intelligence of my readers to point out to them the fallacy in this passage. True enough that dilatation of blood-vessels and increased afflux of blood are not by themselves what *we call* inflammation; they are only heat and redness, and we require swelling and pain to be added to them before we say that there is inflammation; but then, Dr. Hughes says, "these soon supervene." What is this but a description of the different *stages* of disease, or in the words of Dr. Hughes, a "series of facts?" We do not call an inflamed part an ulcer, or an ulcer a gangrene; but are not all these further stages of the same disease? Whatever may have been the "prime factor" in the process, this is certain, that the changes in the circulation of the blood are the first visible part of it; and that the progressive changes which follow are so closely joined to this first visible part as to constitute with it one continuous series or succession of phenomena.

We were familiarised by Dr. Hughes, in the last paper, with tissue changes in the protoplasm going on in all living processes; and we were made conscious that all these changes may take place in opposite directions. We learned that these changes in contrary directions may be produced, among other causes, by larger and smaller doses of drugs. We can now take the next step and learn that *further tissue changes* are produced, among other causes, by the larger doses of drugs. We can learn that inflammation and fever have many causes, and among these causes are drugs given in their larger doses. The whole science of Toxicology bears a direct and inexhaustible testimony to this fact. The provings of drugs in health in their larger doses bears similar undeniable evidence. Further proof, therefore, of this fact cannot be required. Nothing hinders us now from taking the next step, which is to learn what effects the smaller doses produce in this further stage of disease.

#### THE ACTION OF THE SMALLER DOSES IN DISEASE.

Some years ago I ventured to ask the question, "What is the action of the smaller doses of drugs, as distinguished from that of the larger ones, in health?" The answer given was, "We don't know." Then, I thought, it must be learned by trying experiments with them on healthy people. This was done as far as it was in my power to do



it; and the answer obtained was that the action of these smaller doses is in the opposite direction to that of the larger doses of the same drug. Clearly, it is to be presumed that this contrary action, so distinctly manifested in the early stages of disease, will be continued onwards. This presumption is a working hypothesis, which can be translated into certainty by one method only, namely, by continued experiments. Now, it happens that these experiments with small doses in disease have already been tried in abundance, for the daily practice of homœopaths is a continual repetition of them. What is the answer which these experiments give? It is, most undeniably, this:—Their action is still in the contrary direction to that of the larger doses of the same drug. The presumption—the hypothesis—with which we began, is thus by experiment converted into a certainty. The multitude of individual facts are put into a group; and the contrary action of the smaller doses to that of the larger, in disease as well as in health, is conspicuously a general fact.

But Dr. Hughes will exclaim: This implies a *plus* and a *minus*, and “the disorders of nutrition we encounter in practice (of which inflammation and fever are the types) are not instances of such *plus* and *minus*, but involve qualitative changes, which do not lend themselves to medical oppositions.”—(*Letter*, June 11). “In inflammation and fever there is no *plus* and *minus* of opposition possible.”—(*Lecture V.*). He has before told us that antipraxy “is true as far as it goes.” This is saying too much. It implies that he knows how far it goes. Here it is said that it does not extend to inflammation (now called a “type,” elsewhere not a type, but “a process *per se.*”—*Lecture II.*) This is again saying too much. It supposes that we know what the inflammatory process is, which we do not. Did we know what that process is, we should doubtless see that there could be an opposite process, and very probably see small doses of *belladonna* produce that opposite. This, I fear, we shall never know. We cannot see the working of natural processes; we can see only the work done. It would be wiser to say that antipraxy goes as far as it has been tested by experiment, and the presumption is that when more experiments have been tried it will be found to go further. With respect to inflammation, what we do know is this—that in the larger doses, some drugs (*e. g.*, *belladonna*) cause inflammation,



or if it already exists, aggravate it, and that the smaller doses cure it. This is contrary action as seen in its effects. What the smaller doses do is contrary to what the larger doses do. This is antipraxy. But we are anticipating.

We have now so clearly seen the worthlessness of the expression *plus* and *minus* as a measure of the contrary action of different doses, that by this time we must all be heartily tired of it. Let us change the expression, and substitute for it *progressive* and *retrograde*, and perhaps we shall succeed better. Drugs are not intelligent beings, which can consider and choose what they will do. They cannot distinguish between healthy and sick bodies, when they have been taken by either. *A priori*, then, it is to be expected that what the larger and smaller doses do in health they will at least attempt to do in sickness; and assuredly this is proved by experiments with them on the sick. These experiments show, in the most unmistakable manner, that when a drug in the larger doses causes a disease to progress and get worse, the same drug in smaller doses acts as it does in health, in the contrary direction, and causes the disease to retrograde and get better. The best part of the practice of homœopathists is a daily exhibition of this fact. The wonder is that they do not see it. Our brethren of the other school are also beginning to have experimental proof of it. They know that certain larger doses of *arsenic* cause gastritis, and they are learning that the smaller doses of it cause a similar condition of the stomach to retrograde and to return to health. They are giving *aconite* and *belladonna*, and other drugs familiarly used by homœopathists, and obtain from them the contrary action of the smaller doses after the same manner. One of the most recent of these experiments, a case just published both by the *Lancet* (April 17th, 1880) and by the *Monthly Homœopathic Review* (June, 1880), will serve as an example :—"The patient was a man of 66, who was treated at the Royal Hospital for diseases of the chest. The disease was whooping cough; the remedy was *drosera*. He was ordered *five drops* of one in ten tincture of *drosera rotundifolia*. He took this for a week, and it made him much worse. It increased the spasm, and made him whoop more. He whooped as much as twelve times in a single paroxysm of cough. It increased the expectoration



too, and he begged that he might be allowed to discontinue the medicine." This is the action of the larger dose ; the disease is made to progress by it. " The dose of the same tincture was then reduced to *half a drop* every three hours. At the end of the week there was great improvement, and at the expiration of another fortnight he was cured." This is the action of the smaller dose ; the disease was made to retrograde. Is not that a contrary action ? The experience here recorded has occurred in innumerable instances, and in all such experiments the similar action of the larger doses and the contrary action of the smaller doses are placed before the eyes of the whole profession as plainly as anything can be by experiment.

The importance of this view of the phenomena is so great that I trust no apology will be asked for, if it is again put forward in other words. Suffer me to say once more that I am arguing from appearances (phenomena), without feigning hypotheses, and that I am deducing causes from effects. It has been seen, then, that, in experiments with drugs in *health*, there are effects produced in both directions, progressive and retrograde, and the effects from certain larger and certain smaller doses of the same drug are in these opposite directions ; and this is true to the extent to which these experiments have yet been carried. Likewise, that in experiments with the same drugs in *sickness*, there are effects in both directions, progressive and retrograde ; and these effects from the larger and smaller doses of the individual drug are also in these opposite directions. Diseases are continuous processes, during which they may pass through several successive stages, and may be made progressive or retrograde by the action of drugs. Drugs know no difference between a healthy man and a sick one, and necessarily go on their way, so far as they are not obstructed by a stronger force, with the purpose of acting on all occasions in the same manner. Facts and reasoning agree in this, and nothing, I think, can be made more visible by phenomena, than that drugs in certain larger doses act in one direction, alike in health and disease ; and in certain smaller doses, alike in health and disease, act in the contrary direction. Hence nothing can be clearer, I think, than that homœopathy belongs to and should be limited by the larger doses ; and that antipathy belongs to and should be limited by the smaller doses. This contrary action between the larger and



the smaller doses deserves a name, and antipraxy (contrary action) is a good one.

We may now ask Dr. Hughes what he has, on his part, to substitute for this statement of the facts which represent to us the actions of drugs? In his course of Lectures he has criticised the views of Hahnemann, of Professor Fletcher and his supporters, Drs. Drysdale and Dudgeon, and those of Drs. Bayes, Pope, Sharp, and Dyce Brown. All these writers are drawn up, like a file of captives, with a rope round their necks, in an Assyrian monument, and all are condemned. What does he himself contend for? He replies:—"I have no theory to propose." "The final question comes to be, how can homœopathy, how can the action of a medicine *working in a similar direction* to that of a disease be curative? To this question I do not think we can as yet give a definite answer." (*Lecture IV.*) It will be seen from this that he is not asked to resign one notion and to accept another. His mind is like Locke's sheet of paper, a blank; a definite answer is put before him, but he prefers the blank sheet. The word *homœopathy* in this sentence has no meaning at all, as is evident from what follows it. Like a true knight-errant he throws down his gauntlet, and proclaims, Cæsar like, but forgetting the ides of March, "*Aut simile, aut nihil!*" But *simile* and *nihil* are identical here.

Dr. Hughes may reply that he goes on to express "a strong expectation that the explanation of homœopathic cure is to be looked for in the analogous phenomena manifested by those physical forces which have been ascertained to consist in vibrations or undulations. We have here frequent instances of two streams of influence neutralising one another, two rays of light producing darkness, two successions of sound-waves resulting in silence . . . which at any rate shows us that we need not have *opposition* to produce *counteraction*." This betrays an entire misconception of the undulatory theory of light, and of the vibratory motions in bodies producing sound. Two rays of light from a luminous point may be parallel and travelling in the same direction, but the undulations are *transverse*; and it is when these transverse movements are in *opposite directions*, and intersect each other under certain conditions, that there is a dark spot. And so of the vibrations of air: it is when the directions of them are exactly *opposite*, and



in a certain condition, that they interfere with and neutralise each other. If, therefore, these are analogies, they would seem to help me, rather than to help Dr. Hughes.

It is to be hoped that the big guns of Dr. Hughes are now silenced ; but there is a continuous roll of small arms which must also be silenced. In *Lecture II.* he remarks that "there is no difficulty in understanding the action of drugs allopathically or antipathically related to the disorder presented for treatment. The former by some evacuation or revulsion, the latter by direct opposition to the set of the morbid change, can readily be conceived of as restoring the affected part to its normal condition. But it is not so when we come to give drugs which cause in the healthy a similar disorder to that before us." There is exactly the same facility in conceiving a direct opposition to the set of the morbid change by the action of a small dose as there is by that of a large one. How the action is carried on we do not know, in the one case any more than in the other. How does Dr. Hughes know that a large dose given antipathically acts by "direct opposition?" Only from experiments. We know that small doses do the same, also by experiments. We cannot explain either. The difficulties in the way of accepting both these thoughts, as resting on similar evidence, are (1) That we take for granted, without experiments, that all the doses of a drug must act in the same direction, and vary only in degree : (2) That we want to know not only the direction of the action, but also the manner of it ; which, probably we shall never know : and (3) That we have long been familiar with the first case, and have always called it antipathy ; and have only recently become acquainted with the second, and have been taught to call it homœopathy.

Another objection.—That large doses of the homœopathic remedy have sometimes cured. Hahnemann shall answer this objection :—"It often happens," he says, "from various causes, which cannot at all times be discovered, that even very large doses of homœopathic medicines effect a cure, without causing any notable injury ; either from the vegetable substance having lost a part of its strength ; or because abundant evacuations ensued, which destroyed the greater part of the effects of the remedy ; or, finally, because the stomach had received, at the same time, other substances which, acting as an antidote, lessened the



strength of the dose.”—(*Organon*, page 58). These are good reasons, and others are not far to seek. An important one is the different susceptibilities of patients to the action of medicines.

Another objection.—“That none of these writers seem to perceive that, if our remedies really act antipathically, they are open to the objections which we make to such as obviously act on this principle . . . and which are palliative only.” The larger and smaller doses have nothing in common, except that they act on the same parts. They are contraries. The objection that they are not curative, but palliative only, applies to the larger doses, but not to the smaller ones.

Again.—The last objection is put in another form:—“They use *similia similibus* only that they may really employ *contraria contrariis*; they are logically bound to use the latter openly and at once whenever practicable.” The misconception here ought not to require pointing out. Is it not clear that the antipathy we use belongs to the action of the smaller doses only? And is it not as clear that the homœopathy we contend for belongs to the action of the larger doses only? So that we are “logically bound” to use *similia similibus* with reference to the larger doses, “that we may really employ *contraria contrariis*” with reference to the smaller doses. Surely it is a great mistake to confound this antipathy with the antipathy of the old school.

Another objection.—“To your restriction of the principle to drugs, I must object that any other stimulation presents the same phenomena; that of electricity for instance.”—(*Letter*, March 8rd). Dr. Hughes shall answer this objection. When criticising the facts produced by the *Monthly Homœopathic Review* in support of the contrary action of different doses, he says:—“In the first place, I think, we must exclude all facts relating to the action of galvanism, and of heat and cold. They have but an analogical bearing on questions of the operation of drugs, and had best be left alone for the present. Dr. Sharp himself agrees with me here.”—(*Lecture III.*) If Dr. Hughes would read over all that he has published during the last seven years, he would be surprised to see how often he contradicts himself. Arguments are strung to his belt, on both sides, like John Gilpin’s bottles of wine, and he travels so fast that, behind his back, they break one another.



Dr. Hughes refers me to Dr. Butler's book on "Electrotherapeutics," which he also kindly lent me to read. I have carefully examined this question in Essay VI., (published in 1854), and do not intend to open it again. But it may be remarked of Dr. Butler's book (1) that the provings have in them the vice which everywhere besets Hahnemann's—there is every kind of opposite set down among the symptoms. (2) The first chapter on "The Position Electricity should occupy in the Materia Medica" concludes with these words:—"It will, no doubt, be noticed that nothing is said about the strength of current (the dose) to be used . . . no absolute rule for the guidance of the profession can be given." So that the book has no reference to the question of dose now before us. (3) It has been well put before us by William Whewell, and others, that "we know very imperfectly the laws of this agent."

Dr. Frédault has lately published a paper in *l'Art Médical*, which has been translated in the *British Journal*. This has been referred to in our correspondence. It was slightly noticed in my last Essay: two points may be very briefly mentioned here. (1) Frédault's question is "*comment les médicaments agissent?*" "*How do drugs act?*" My question is *What is the action of drugs?* We are travelling on different roads, and, therefore, our conclusions do not admit of comparison. (2) He asserts that "There is no clear, well-defined, authentic instance of a medicine producing in a healthy person two contrary effects in large and small doses." This simply makes it evident that Dr. Frédault is unacquainted with the condition of the question in England.

For many years Dr. Drysdale has opposed everything which I have written, and in such a manner that I have often been unable to understand him, and consequently, I have ceased to notice his objections. But as Dr. Hughes "fully agrees with Dr. Drysdale's criticisms," it may, perhaps, be worth while to notice one of these criticisms, which belongs to the present subject, and which may be taken as a sample of the rest. "The opposite action of small and large doses . . . if true at all, as an explanation of homœopathic action, will only be proved universal by taking into account the therapeutic action, and then, of course, it is quite correct to say that a small dose in curing produces the opposite effect of a large one, which produces



the disease." What has been done is this—it was first ascertained that larger and smaller doses have an opposite action in health. Then it was easy to see that there is the same opposite action in disease. In this way I *have* taken into account the therapeutic action, and *have* thought it quite correct to say that a small dose in curing produces the opposite effect of a large one. And in this way Dr. Drysdale admits that the opposite action of small and large doses is proved to be *universal*, i.e., a general fact. Dr. Drysdale then says:—"But this is nothing but a mere re-assertion of the homœopathic principle, and is in no sense an explanation of it." It is difficult to avoid expressing something more than surprise at these words. So far from antipraxy being a mere re-assertion of homœopathy, it is an assertion of *antipathy* in regard to the smaller doses of drugs, that is, to one-half of the action of each drug; and it is the most important and the most stringent limitation of *homœopathy* yet observed; restricting it to the larger doses, that is, to the other half of the action of each drug. As to its being no explanation of homœopathic cures, it is all the explanation of them we are, at present, likely to get. Dr. Drysdale adds, that antipraxy "requires to be merged into a higher and larger law." We shall all be much indebted to him if he will show us that higher and larger law.

One more remark:—"It is very significant that Dr. Sharp admits that he has not yet touched the subject of infinitesimals."—(*Lecture IV.*) Yes; it signifies three things: (1) That the seat of drug action has not yet been sufficiently studied. (2) That the contrary action of different material doses of the same drug has scarcely been studied at all. (3) That infinitesimal doses are a distinct subject, and must wait. There is another question which ought to have precedence, and which I had hoped to investigate, namely, the sensitiveness of different persons to the action of drugs, and to what extent this varies; but Dr. Hughes says I am slow, and age and weakness alike forbid.

#### CONCLUSION.

My paper is again too long; but the objections were many and grave, and condensation has been difficult. Before leaving the subject, it will be pleasant to compare what has been accomplished with the rules given at the



beginning. The first rule is how to observe. We have looked at the phenomena or appearances of drugs and their actions, believing that the manner of their acting is a secret process for ever hidden from us, and that it is in vain to attempt to see beyond appearances into living work. We do not know how a vegetable grows; how can we know how an animal lives? The second rule is how to classify what we have observed. The phenomena we have observed have been arranged according to our present knowledge of them. The third rule restricts our knowledge of causes to the conditions of the phenomena, and excludes hypothetical causes. No one has been more earnest in enforcing this rule than Sir Isaac Newton. It has been obeyed in these Essays.

But this way of looking at nature is too simple for Dr. Hughes, and for many besides him. They wish to dig down "from the surface to the deepest roots." They labour in vain. It is better to be content to remain on the surface, and to tell what we see there. When, in this manner, any truth has been made clear, they exclaim, it has always been known. Then why take so much pains to prove it not true?

For several years (since 1867) I have repeatedly urged that "the only way by which the confusion and perplexity, in which the subject of doses is now involved, can be removed is *the proving of them in health*." "We want to learn, in addition to the entire action of each drug, the special action of each dose."—(*Essay XX.*) As no one attempted this, I began to try some experiments myself, and in 1873 published the results. Not long after this my own health failed, and a stop was thus—to my great regret—put to my further experiments. I was followed by Dr. Nicholson, of Clifton, who tried some experiments, and obtained results different from mine. So far as I have learned, no one else has attempted a single experiment, and the subject, therefore, is still in its infancy. Those who criticise so freely would help their sick fellow-creatures better, and adorn their profession more, if they would themselves set to work. It is easy to sit in one's study and write censures: it would be much more useful and praiseworthy—though, of course, more self-denying—to go into the laboratory and try experiments. But these experiments have to be made upon one's self—and with large and little doses of drugs—which may be



expected to make us ill. This is uncomfortable; and so the criticising goes on, and the work stands still.

And now I beg leave to offer very true and hearty thanks to those of my readers, of both schools of medicine, who for many years have sympathised with me in this work; and to ask them to rejoice that, notwithstanding many defects, something has been done upon which their minds may rest satisfied that they have attained the truth; and which, being carried further and made more perfect by others, will enable future physicians to give their patients more effectual succour.

Rugby, July 27th, 1880.

## REPORTS OF CLINICAL CASES.

By S. H. BLAKE, Esq., Liverpool.

(Continued from page 479.)

### CASE IX.

MARY T., æt. 40. Came for treatment on Jan. 9th, complaining of pain and swelling, with redness, but not of a very dusky hue, around and upon the outer malleolus and adjacent part of the foot and heel of the right lower extremity. There was considerable varicosis, but confined to the smaller sized veins. The largest sized superficial veins were not distended, whereas the smaller veins of about the thickness of a sewing needle were plainly visible as they coursed along the side of the leg in their progress upward, like the smaller rivers in a map.

The bowels very confined, stool expelled with difficulty; piles at the margin of the anus; aching pain in the back at the lowest part (sacral region), much aggravated by walking.

She came to get relief principally for the ankle, which was very painful, and was getting worse every day. I ordered a lotion of *hamamelis* to be applied. Tinct.  $\phi$  3 j. ad.  $\frac{3}{4}$  vi. of water, and internally *bar. mur.* 8 x (trit.) *grij.* ter in die.

On Jan. 80th she reported that the lotion had greatly relieved the leg and foot, which now required no further attention. Further, that whilst taking the medicine the bowels had acted much better than before, and that the pain in the back is less, being now temporarily only on walking, and it soon stops on sitting down, which was not



the case before. Piles in the form of small lumps at edge of anus still remained, for which I prescribed *nux vom.* 3 ter die ; and as the patient had no need to come again, the record of the case here ends.

Remarks : The homœopathic relationship of the *salts of barium* is to be sought in the first instance in its adaptability to old people, the debility and degenerative changes of senility, and hence to the degenerative changes of premature decay, which is a similar condition in another form. Thus we have lately learned to look upon degeneration of the blood vessels as one of the special spheres of activity of the *salts of barium*. The dependency of paralytic attacks, and of local inflammatory action arising from interference with local circulation upon degeneration of the coats of the blood vessels, by dilatation of the coats, or the formation of actual aneurism, has, I believe, been ascertained. The relationship of *barium chloride* to aneurism has been clearly shown of late by Dr. Flint, and it is possible that the effects of these remedies are not exclusively confined to the larger vessels, but that they act throughout on the vascular system. Here again we may find that quality of action is of more importance in viewing the provings in their present state than mere exclusive locality, although were all known that could be known one element of the correspondence between drug and disease would be shown to be of as much importance as another.

As regards the symptomatic correspondences of *baryta* to the case quoted, there may be mentioned the following symptoms given as caused by *baryta carb.* :—

Great mental and bodily weakness ; stool scanty, hard, lumpy, expelled with difficulty ; soreness in the lumbar region, burning and soreness around the anus, as if excoriated. Tensive pain in small of back in evening, can neither rise nor bend backwards, and the symptoms similar to these were those relieved in the case recorded. The reason for giving *baryta* instead of *nux vomica* in the first instance was that the cause which led up to the inflammation of the lower extremity was apparently the weak and dilated state of the veins of the legs, to judge by their appearance, and that the piles may also have been associated with a relaxed, weakened, and degenerate condition of the pelvic vascular structures. *Nux* would, however, seem to be well suited to the congestion resulting therefrom,



and as the event shows seemed to have done much good at the close of the treatment by removing the piles.

The symptoms belonging especially to the *muriate* of *baryta* are, in Allen's work—"hands and feet paralysed, ice cold extremities, painless twitching in the arm, especially at night, skin inflamed, producing small eruptions. This drug has been but imperfectly proved, but in many respects it is allied in action to the *carbonate*." Jahr gives under *baryta mur.*—"pains in the back, swelling of the hands and feet," "obstinate constipation."

It may be true that if *nux vom.* had been given first instead of last it would have done good service, for doubtless every medicine in its own sphere of usefulness acts according to fixed laws and accomplishes definite results irrespective of time. In the provings of *baryta carb.* I cannot see that it has gone so far as to produce general inflammation of the skin, although the *muriate* approaches nearer this condition than the *carbonate*. The inflammatory symptoms are quite localised, thus there are: "pimples on the feet, which suppurate and spread like ulcers," "skin humid and sore," "itching, pricking, and burning here and there, not relieved by scratching or rubbing." For the local inflammation of the ankle *hamamelis* was used, which it greatly soothed. The latter medicine causes "forcing feeling in the varices, veins sensitive, dilated (in the lower limbs) and prickling and stinging in the veins and skin, soreness, venous congestions, the skin bluish in colour." "Phlebitis." "Symptoms worse on pressure." These are clearly the signs of inflammation associated with disease of the veins, symptoms not as yet clearly defined under *baryta*, and I therefore applied the *hamamelis* locally to act quickly on the inflamed skin of the foot, and as the event proved, this local inflammatory action soon gave way. It may be interesting to compare with this case the two following treated by *baryta carb.*

#### CASE X.

T. B., a man æt. 55, commenced treatment on February 14th. He complained of sleeplessness, following partial paralysis, with numbness of the extremities on the right side. Mentally and physically in a very weak state and not able to walk, and was getting no better from day to day. These symptoms had now continued for several weeks. *Baryta carb.*, 3<sup>c</sup> grj. ter die.



February 17th, much better. The improvement is so great that he can now sleep half the night, whereas before he could not get sleep for an hour at one time, nor could he sleep when lying on the side affected, but of this symptom he is now getting greatly better. His arm used to go quite numb and useless and it required rubbing, but he can now do without this rubbing. Repeat med.

February 21st. Continues to improve. Repeat.

February 28th. The right hand continues to improve much; the tongue a little cracked and inflamed, always feels worse after any slight annoyance. (*Baryta carb.* Grief about trifles.) Repeat.

March 6th. Previous symptoms better, but urine has been rather small in quantity, and some pain in loins. Urine turbid, described as "milky looking and thick," but there is less of the numbness and burning in the extremities. Repeat *baryta carb.* 3.

These are the last notes of this case, as the patient has not reported since and has to a great extent recovered his health.

Here is another case :—

### CASE XI.

A. B., female, æt. 60. About a month previously she had a paralytic stroke, affecting the left foot, which came on whilst she was in bed during the night, and commenced with a "great pain" across the dorsum of the foot. This pain has remained in the foot ever since, though it is not so severe as at first. It was relieved at the time by a hot foot bath with mustard in it. She kept moving about during that night, thinking in this way to prevent the use from leaving it entirely. Her mother was attacked in a similar manner by several strokes before her death. Before this attack the patient had experienced noises at the right lower part of the occiput, close to the mastoid process. She also felt faint and languid for a long time before the attack, with a tired feeling, as if too weak for work. About twelve months previously she felt a sensation like an electric shock, extending from the fingers of the left hand up to the top of the head, ending at the left upper occipital region. She now finds that putting the hand into hot or cold water causes it to go quite numb. On



placing the left foot to the ground it feels as if treading on lumps, and a sensation as if the foot did quite not belong to her. Before coming to me, Dr. ——— had prescribed *lachesis* 12 t. d. for the pain in the foot, but finding the symptom not relieved by this medicine, on Feb. 17th I changed to *baryta carb.* 3 ter die. At this time she complained of a burning sensation in the left hand at night, with numbness and loss of feeling in the same part.

On Feb. 21st.—that is to say, in four days—she reports herself decidedly better. “Can sleep better.” “This is wonderful medicine,” she says.

Feb. 28th. Is still better. She can now move the toes either down or up, which had not been the case before. Hand and foot not so numb. Can walk better.

Remarks: There is abundant evidence in the proving of *baryta carb.* of its power to produce impending and actual paralysis, together with the symptoms immediate and sympathetic attending these states. Among its symptoms are “Great mental and bodily weakness, loss of memory, dejection of spirits, grief over trifles”—(the symptoms in one of my patients was “symptoms in extremities worse after the least annoyance”), “solicitude about domestic affairs. Thinking of one’s complaints makes them worse.” In the upper limb we find pain in the deltoid when raising the arm, when lying on the arm it goes to sleep (in one of the recorded cases the patient could not go to sleep on the arm because it went so numb, until after receiving the *baryta carb.*, after which he slept naturally). Again there is “tension in small places of the arms,” fingers numb as if asleep. On the lower limbs *baryta* causes, “drawing pain down the entire left leg; pains in the legs at night, as after excessive walking.” “Tension, as if the tendons were too short, worse on standing; tremor of feet while standing.” “Soles feel bruised at night, keeping one awake, better after rising and walking.” “The hard skin on the sole is painful when walking.” On the nervous system, “excessive irritation of all the nerves, prostration, the knees give way, tremor of the limbs.” “Heaviness of the whole body, on attempting to sit up the pulse immediately becomes quick and somewhat hard, and after a while imperceptible.”

These symptoms indicate *baryta carb.* as a great remedy homœopathically in the weakness and degenerative changes



of the vascular and nervous systems generally, and there is enough of irritation produced by the drug in the nerves to indicate its use in many of the painful concomitants of commencing paralysis and in paralysis already established. The correspondence of this pathogenesis with the two cases last described will show the close similarity between it and the symptoms of these patients. *Baryta carb.* may be compared with its analogues in action, *baryta mur.* and *baryta acet.*, but as the first is the most completely proved it may be as well when we have symptoms of the patient clearly expressed as belonging to this medicine to select the *carbonate* in preference to the others. We do not find convulsions or spasms in the provings of this drug, or very rarely indeed, and this would seem to mark it off from a great number of medicines producing spasms in a marked manner, such as *nux vom.*, *zincum*, *cuprum* and *phosphorus*. *Plumbum* is indicated in a certain variety of post-hemiplegic paralysis, one of its leading indications being painful contractions of the limbs or cramps of the muscles, with wasting, depending, it is thought, on chronic meningitis and sclerosis. These pains are worse at night and relieved by rubbing. Spasm and atrophy are its essentials, which were not found in the cases cited.

*Causticum* is also nearly related to *baryta*, but has more of the cramps, contractions, and spasms than of the actual paralytic symptoms. *Cocculus* can, but with great difficulty, succeed in causing actual paralysis, although the sensation as if about to be paralysed and the numbness are present, and the symptoms change places—first in one hand, then in the other. Hence it would seem very useful in an impending paralysis in its premonitory symptoms. And, lastly, *secale* causes burning, numbness and insensibility, and spasm of the flexors, extensors, and abductors; the mental state one of anguish, melancholy, with impaired power of thinking, or else indifference; and, although the ultimatum of *secale* is a paraplegia, there are conditions often reached before this result is obtained, which portend that interference with the circulation which terminates in gangrene more certainly than in paralysis. The dissolution of the blood corpuscles produced by *ergot*, petechiæ, and other signs of an extremely degenerative state of the vital fluids, remind us that *secale* cannot be often called for in the milder forms of simple paralysis.



## CASE XII.

A. P., a girl seven years of age, came on September 23rd with a purulent discharge issuing copiously from the left auditory meatus. There was extensive eczema of the pinna of the same ear, and excoriation of the skin and moisture behind the ear. The discharge from the outer ear was a thin sticky secretion. A round scaly patch, quite dry and extending its growth centrifugally, was upon the left shoulder blade, and had reached the size of a florin. Similar dry and scaly patches were distributed on the right cheek at its upper part, and smaller ones on different parts of the face. She scratches the ear. There is considerable itching. The patches are not sore or tender to the touch. *Graphites* 3 cent. ter die for seven days.

At the end of this time there was some improvement, and then *graphites* 6 ter die was ordered for seven days more. By the fourteenth day the cure was noted by the complete shelling off of the scaly eruptions. The scales came off copiously, leaving behind a red spot of skin of brighter colour devoid of scurf in the place formerly occupied by the scaly patch. During this time also the aural symptoms had quite subsided.

Remarks: *Graphites* produces, according to the *Materia Medica*—"Lining membrane of meatus, red and excoriated." "Thin, watery, offensive discharge from both ears." "Gluey, sticky discharge at the external meatus." "Pus runs out of the ear." "Swelling of both ears, with moist eruption behind the ears." "Eczema impetiginoides began as a moisture behind the left ear, and spread over the cheeks and neck." "Behind the ears fissures, scabs." "Rhagades on the cheek, running like radii towards the corners of the mouth; an infiltrated spot on the cheek is covered with dry scales." "Scabs on the face, skin dry." "An eruption on the nape of the neck, peeling in fine mealy scales, without itching." The dry scaly patches on my patient did not itch, the itching being confined to the aural eruption.

"The skin is not inclined to heal; it ulcerates readily." "Skin dry, inclined to crack"—(deep cracks; *petroleum*). *Graphites* produces at least three different phases of eruption:—

1. Herpes, pimples, and scabbing eruptions.



2. Eczema, with gluey, sticky discharge, or with profuse serous exudation.

3. Dryness of the skin, with formation of scales, or else inclination to crack, forming rhagades.

The presence of two of these states at one time, or of all three of them at once, would be a point in favour of prescribing *graphites*. It is not clearly stated that itching attends the dry affections of the skin, but it does so in a marked degree with the secreting eruptions of *graphites*.

It cannot be denied that there are other drugs which may have effected a cure in this case. A few medicines may be compared thus: The scurfy eruptions of *hepar* are sore and painful to the touch, and eczema spreads by means of new pimples appearing just beyond the old parts. This soreness and tenderness was not present in my case reported. *Rhus* has erysipelatous eruption, eczema with thick crusts, pustular eruption or herpetic, with intolerable itching; and, except the purulent discharge from the meatus, there are few indications in the pathogenesis as yet of eczema specially of the outer ear. *Croton* has too limited a number of symptoms in the aural locality to give it a definite position as yet, and the same may be said of *mezereon* as regards the ear. The last-named medicine causes, however, "roughness and scaling here and there, and scurf-like fish scales on the back;" but its crusts are thick, like rupia, with pus underneath. *Muriatic acid* has "pimples forming scurfs on the forehead, outer ear, and lips." *Oleander*.—"Herpes and ulcers on and around the ears," "violently itching eruption, bleeding, oozing out of a fluid forming scabs." *Petroleum*.—"Blood and pus are discharged from the ear (from the meatus?), and on the skin generally "chronic eczema, excoriated moist surfaces or deep cracks," brown or yellow spots on the skin," "deep ulcers."

The relative merits of these medicines in eczema of the ear it is not easy to exactly define, but it is gratifying to know that should one of them prove ineffectual in curing a case resembling the one reported, there will yet remain other remedies in reserve having symptoms analogous in many respects.



## STATE MEDICINE.

By W. B. A. Scott, M.D.

KURT SPRENGEL, in the 4th volume of his learned *History of Medicine*, p. 613, thus expresses himself:—

“The application of medicine and its allied sciences to forensic purposes, and to the care of the public weal, is probably due to the Reformation, and to the opposition thereby aroused, even among Catholics, of reason against the decrees of the Church, or, which is much the same thing, the caprice of priests.”

Fond as our author is of bringing in a hit at the priests, by a side wind or otherwise, I do not believe that, in the whole course of his five erudite and laborious volumes, he has anywhere else allowed his own personal predilections or antipathies to find expression in so unfortunate a sentence as that which I have just translated. His justification of his assertion in the very next sentence—viz., “that dispensations from fasting or attendance at Mass were obtainable only at the discretion of the spiritual authorities”—though true enough, is at least as *mal à propos* as the original assertion was unfounded. Few persons, however warm their zeal for multiplying the functions of a paternal government, being ready to maintain that the precise number of an individual's attendances on religious ordinances, or observances of religious duties, should be prescribed by Act of Parliament; or that it lies with public sanitary officials to determine in each case the precise degree of physical delicacy which justifies roast meat on Fridays or home-keeping on Sundays. Yet, there is a degree of truth in Sprengel's assertion—just enough to give point to satire; and the narrow view which he elsewhere takes of the sanitary functions of government, in relation to “the care of the public weal,” doubtless contributed, no less than his personal feelings, to his making a statement so much at variance with facts.

The term “State Medicine” may be most conveniently taken as covering the whole portion of the legislative or executive functions which is directly controlled by principles deduced from medicine and its various allied sciences. State Medicine may therefore be conveniently divided into (1) *Forensic Medicine*—(a) *Civil*, conversant with questions of legitimacy, survivorship, &c.; (b)



*Criminal*, comprising toxicology and so forth—and (2) *Public Health*, comprising (c) *General Hygiene* and (d) *Direct precautionary measures against individual diseases*, as quarantine, vaccination, and so forth. Of course, this is not offered as a perfect classification. In class 1, for example, many questions, such as those of pucelage, mental soundness, or personal identification, may, according to circumstances, fall under either *a* or *b*; while, as to class 2, general hygienic rules are closely interwoven with prophylactic enactments. Still, the distribution seems a convenient one, and its claims to our regard are in no way impaired by the fact of its not including hard and fast boundary lines which are nowhere to be found in the realm of nature.

Now, Kurt Sprengel distributes his subject under the heads of (1) Forensic and (2) Public medicine (*gerichtliche und öffentliche Medicin*). Under the first head he includes, as we have done, its bearing both on civil and criminal law, but under the second he merely comprises class (*d*), discussing vaccination and inoculation at considerable length, but saying nothing about hygiene proper, and even omitting all reference to quarantine, perhaps on the ground that, since quarantine laws were first instituted at Venice in 1485, while Luther's theses were not published at Wittemberg until 1517, he could not very well ascribe this department of State Medicine to the Reformation without crediting the Venetians with the same spirit of prophecy, which, according to a medical editor of the present day, enabled Ambrose Paré, in 1560, to avail himself, in his re-introduction of the ligature, of the discovery of the circulation of the blood by Harvey, who was not born until eighteen years after the ligature had been re-introduced. But, even with this limitation, Sprengel's assertion will not hold good. He recognises questions of survivorship,\* pregnancy, and pucelage, as falling under the head of forensic medicine, drawing special attention to the investigations of Zacchias on the first of these, and to those of Augenius on the last. Now, there are distinct enactments in Justinian respecting questions of survivor-

\* This refers to cases in which two or more persons having died by the same accident, a question arises as to which died first; this sometimes materially affects the succession to property. In England each case is decided on its own merits, though it has been suggested by more than one writer that a direct and explicit enactment would be better.



ship and pregnancy, and in Deuteronomy xxii., 15, we find a distinct enactment relating to pucelage. And although some may think the forensic element is allowed undue predominance by Justinian, while Sir Thomas Browne frankly admits that "the trial of the pucelage of women ordained for the Jews is very fallible," still, it would be unjust to assert that the medical or scientific element was wholly disregarded. Again, Sprengel himself tells us that the question of the deadly or other character of wounds was one of the first to engage the attention of Welsch and other medico-jurists of the 17th century. In Exodus xxi., 18—28, there is a distinct tentative legislation on this subject, suitable to the wants and capacities of a rude people. Hence, in Justinian, as well as in the Pentateuch, we find enactments relating to the first of Kurt Sprengel's divisions; while in the laws directed to prevent the spread of leprosy and other diseases, with which the Jewish records abound, we find that the consideration of matters comprised in our author's second division had been anticipated.

It is, after all, fair to admit that it is chiefly (though, as we have seen, by no means exclusively) in reference to the department of general hygiene, which Sprengel so strangely overlooks in this place, that a far higher antiquity can be claimed for State Medicine than our author is disposed to allow. Dr. Wise (Commentary on the Hindu System of Medicine, pp. 83-84) tells us:—"The Hindu Legislators appear to have been convinced, at a very early period, of the importance of a knowledge of the means of preserving health, as we find various laws were enacted for this purpose, and in order to enforce these precepts among a rude people, incapable of appreciating their importance, and disinclined to obey them, religion was employed to afford its powerful assistance. This explains the numerous precepts of Hygiene which we find in the sacred works of the most ancient people, and which necessarily vary in their nature with the climate, character, and habits of the people. In the sacred works of the Hindus these laws are so numerous that it is impossible that any single individual should follow them. On this account they are probably more generally neglected than they would have been if the catalogue had been less numerous, a fact much to be regretted, since the climate requires so much more attention to hygiene than a more temperate one. The most important hygienic precepts will be considered under the heads of relative and personal



precepts." Amongst the latter are directions of the minutest kind relative to sleeping, bathing, clothing, food, and exercise. In ancient Egypt, the quantity as well as quality of what the king eat was prescribed by law ; and this was prescribed on such scientific principles as to occasion Diodorus Siculus to remark that one would have supposed these rules had been laid down by some able physician, who was attentive only to the health of the prince, rather than by a legislator. The process of embalming, too, seems to have been to some extent regulated by law. In fact, legal interference with purely medical matters, was pushed to a most injudicious extreme, since every physician was compelled to observe certain fixed rules, the results in many cases of prescriptive error, which were written in the sacred books. So long as these rules were observed, the physician was not answerable for the success of his treatment, but if he deviated from them, a miscarriage cost him his life ; an enactment strongly resembling the old Locrian law, that anyone proposing a new legal measure should do so with a halter round his neck, which was to be put to its appropriate use in the event of the proposed innovation not being carried by general consent. Among the Assyrians, the regularity with which the city of Babylon was built, and the fact that the houses were not contiguous, but had vacant spaces between them, seem to indicate some interference on the part of the State, having in view hygienic conditions of sunlight and ventilation. Among the Persians the mode of education of the children was prescribed by the State. Boys were all brought up in common ; the place and length of their exercises, the times of eating, the quality and quantity of their meat and drink, even their different kinds of punishment, being defined by legal enactment. In Crete there was community of meals, and the education of youth was strictly under the control of the State. From Crete these institutions were carried into Sparta by Lycurgus, with further additions of his own, for that lawgiver paid attention not merely to the physical training of the male portion of the community, with a view to their efficient performance of the duties of citizens in war and peace, but also to that of the women, in order that these might be the better enabled to endure the penalties of the primeval curse, as well as be rendered more capable of bearing a hardy offspring. In fact, Lycurgus is said by Plutarch to have resolved the whole



business of legislation into the proper bringing up of youth, with special attention, it may be added, to their physical development, to which their moral and intellectual culture were, under his very reprehensible system, too often sacrificed. And yet, with a strange inconsistency, arising no doubt from ignorance, he in one instance violated one of the fundamental laws of hygiene with a moral end in view ; for, in order to banish from the minds of the Spartans the superstitious fear with which the ignorant are wont to regard the presence of the dead, he ordered that corpses *must* be buried within the city. The customs in other parts of Greece in reference to the disposal of the corpse, many of which were matters of legal appointment, bespoke a more enlightened regard to the welfare of the living. All those who had been concerned with the washing or anointing of the deceased were required to purify themselves by washing, and the house of the deceased also underwent a process of purification. At least as early as the date of Homer, cremation seems very generally to have superseded burial. It was customary to throw the garments worn by the deceased into the funeral pile. At the suggestion of Acron, who is said to have taken the idea from an Egyptian practice, the Athenians directed that large fires should be kindled throughout their city during the prevalence of the plague, in hopes of thus purifying the infected atmosphere. Under the direction of Empedocles, the Sicilians are said to have filled up the openings between certain hills, so as to obstruct the entrance of a southerly wind, which was supposed to have caused the land to become sterile and a plague to prevail among the people ; and, further, to have purified an offensive stream by flushing it with the waters of two neighbouring rivers. The age at which marriages might be contracted by either sex was fixed in most of the Grecian States, and the curious law of Solon, directing the bride and bridegroom to eat a quince together on the day of their marriage, may probably have originated from some opinion respecting the pharmaco-dynamic action of that fruit, although the ceremony came subsequently to be explained as merely emblematical of the "sweet connubial tenderness" which ought to subsist between married persons. The same law-giver made several very precise enactments relative to water supply, and the distance at which trees must be planted from each other. Among the



Romans, the Censors superintended the building and repairing of public works, as well as the paving of the streets, and the construction of public roads, bridges, and aqueducts. In their absence the *Ædiles* had the care of the public buildings, baths, sewers, &c., and it was part of their duty, not only to see to the security of private dwellings, but also to inspect markets and taverns, and examine the quality of provisions of all kinds exposed for sale in the Forum, causing these to be thrown into the Tiber when found to be of inferior quality. Julius Cæsar added two *Ædiles*, called *Cereales*, to inspect the public stores of corn and other provisions. By the *Lex Licinia Sumptuaria*, which, although a sumptuary law, was probably dictated by a regard to health no less than to economy, the amount of salt and fresh meat to be served up on ordinary days was fixed at 1lb. of the former and 8lbs. of the latter. Special curators of the public sewers and aqueducts were appointed during the time of the Empire. Public baths were maintained at Rome, with separate apartments for men and women. When the city was rebuilt after the fire in the reign of Nero, the areas of the houses were measured out, the height was restricted to 70 feet, each house was required to have a portico in front of it, and a certain space was left vacant between the houses—a precaution, however, which may have had in view the prevention of the spread of fires rather than the promotion of ventilation. In the time of the Empire medical men were also appointed and paid by the State to give their services to the poor gratuitously.

The sanitary regulations in the Mosaic law are numerous, but so well known that a few only need be recapitulated here. First, as to the distinction between clean and unclean animals for food. I have heard it remarked by a competent authority that one of the most convincing proofs of the inspiration of the Hebrew law-giver is the fact of his having, in an age when physiology and natural history were alike unstudied, propounded a criterion obvious to the senses of an uninstructed people (rumination and cleaving the hoof), which so admirably distinguished between animals suited for human food and those which are not so, as to include in the first class no animal which may not safely be eaten, while the second excludes from human food very few animals which are really wholesome. Leviticus xiii. 19 contains a distinctly



sanitary injunction. The same is true of the law of leprosy, and of the infection of houses and garments (Leviticus xiii. and xiv.), and also of the injunctions in Leviticus xv. Deuteronomy xxii. 15 deals with a distinctly medico-legal question, as has been stated above.

It is true that, in many of the cases cited above, both from Jewish and Gentile law, it is almost impossible to distinguish between ceremonial and sanitary purification; the old legislators, as Dr. Wise well remarks, having usually invoked the powerful assistance of religion to enforce sanitary precepts among a rude people, incapable of appreciating their importance, and disinclined to obey them. It is also true, in the case of Roman law, that medico-legal questions were often (though not always) decided on principles which regarded the forensic rights or civil status of individuals, rather than on strictly scientific data. It must further be granted, that the blending of the ecclesiastical and legal professions which prevailed before and throughout the middle ages necessarily threw the decision upon medico-legal questions, as upon forensic questions of any other department, into the hands of the clergy. For many centuries, too, the practice of medicine itself was chiefly engrossed by the regular and secular clergy, not from any idea that it formed any essential part of the clerical office, but simply because, at that time, learning of any kind was almost confined to ecclesiastics. But the laicizing (if I may use the term) of the medical profession, was no result either of the Reformation, to which it was long anterior, or of any other religious movement. It arose from the natural desire of the spiritual authorities to maintain the dignity of their own order, which they rightly judged to be compromised by the adoption of a profession, the members of which were held in such low esteem as that at which the physicians of those days were rated. This disesteem is clearly shown by some of the laws of the period. It was enacted, for example, that no physician should bleed any lady of gentle birth, except in the presence of one of her servants or relations, *lest any unseemly levity should occur*. The fee for the treatment of various diseases was regulated by law, as a safeguard against medical greed. If a nobleman became worse after *being bled*, the phlebotomist was to pay a fine (a most judicious enactment, which bespeaks the enlightened views of those who originated it); if, under such circumstances,



the nobleman died, the unhappy physician was to be handed over to the survivors of the deceased, to be dealt with as they should think fit; and that he thereby incurred no small hazard appears from the fact that Guntrum, King of Burgundy, A.D. 565, at the request of his deceased Queen, put to death the physician who had attended her during her last illness. Moreover, when a certain king wished to disguise himself as a physician at a festival, he wore the commonest clothes he could procure, and sat in the lowest seat. It is not surprising, therefore, to find that, by the Council of Rheims, A.D. 1131, and the second Lateran Council, A.D. 1139, the practice of medicine was forbidden to the superior clergy, as Prelates and Archdeacons, and that by the Council of Montpellier, A.D. 1162, even the teaching of medicine was prohibited to these dignitaries; the lower clergy, as Deacons, Sub-deacons, &c., being forbidden to practise surgery, but permitted and even enjoined to practise medicine. Thus arose the gradual separation of the medical from the clerical profession; and the clergy, having no longer any pretensions to the monopoly of medical knowledge, could no longer expect their decisions on questions, the solution of which demanded such knowledge, to be received with the unhesitating acquiescence of former times.

To recapitulate:—We perceive that of the four subdivisions, *a*, *b*, *c*, and *d*, into which we have distributed the subject of State Medicine, we find *all* recognised in the Pentateuch, typical examples being (*a*) Deuteronomy xxii., 15; (*b*) Exodus xxi., 18—28; (*c*) Leviticus xi.; (*d*) Leviticus xiii. and xiv. In Justinian we find (*a*) represented by the laws dealing with questions of pregnancy and survivorship, while (*c*) is exemplified by the appointment and duties of the *Ædiles*, and the rules enforced at the re-building of Rome. We find (*c*) recognised in the laws of the Egyptians, Hindus, Assyrians, Persians, Cretans, and Spartans, while (*d*) is illustrated by the conduct of the Athenians during the time of the plague, and by the measures adopted by the Sicilians at the suggestion of Empedocles. Under this head, also, fall the quarantine laws enacted by the Venetians, in 1485. With what degree of "probability," therefore, could Kurt Sprengel assert that "the application of medicine and its allied sciences to forensic purposes was due to the Reformation," to which 1517 is the very earliest assignable date?



Now, we have seen that our author takes no very distinct notice of (c) as an integral part of State Medicine. Had he gone a step or two further, and ignored (d) and (b) also, his statement (qualified, as it is, by the words "the Reformation, and the opposition thereby aroused of reason against the decrees of the Church,") might have been allowed to pass; for the chief traces of (a) to be found in ancient legislation are the Mosaic laws respecting pucelage, and the laws of Justinian in reference to questions of pregnancy and survivorship (the question of the viability of infants was also considered), these, too, being determined less on medical than on forensic principles. But, including as he does, both (d) and (b) in his scheme, and finding both exemplified in the Pentateuch, and the former by the Athenians, Sicilians, and Venetians, the random nature of his assertion is really surprising in so learned and painstaking an author.

It has, however, a basis of fact. At a point subsequent to the Reformation (I cannot ascertain the precise date), Augenius advanced certain doctrines respecting the determination of pucelage, which were pronounced heretical by Olivari, a high ecclesiastical authority at Rome, and the discussions to which this gave rise led the Roman court and other catholic tribunals to pay more heed to "skilled witnesses" in medico-legal questions. All this affected only the department of forensic medicine, leaving that of public health entirely out of the question. But, in the former department, it must be admitted that a host of writers ere long appeared upon the scene. The Sicilian, Fortunatus Fidelis, the earliest writer on this subject, published, about the beginning of the 17th century, a work entitled *De Relationibus Medicorum*, treating of the mortal nature of injuries and the grounds of divorce. Next followed Paul Zacchias, physician to the Pope, who took up the question of survivorship. In the work of Behrens, Court physician at Brunswick, the subject of the prevention of the spread of infection was handled; but the question of wounds or injuries chiefly engaged the attention of medico-legal writers of this period, and was discussed by Welsch (of Leipzig) and Bohn. Feltman, a Dutch lawyer, wrote on *post mortem* examinations for forensic purposes, accurately distinguishing between the duties of the legal and medical officials concerned therein. He was the first to teach that the fact of a corpse bleeding when



ouched by a suspected individual was no proof of that person having been the assassin. In the next century the question of wounds or injuries was discussed by Hebenstreit, Martin, Alberti, Büttner, Ploucquet, Platner, and others. The determination of the live birth of an infant by examination of the lungs was investigated by Idema, Roukema, and Röderer. Much light was thrown on this subject by the re-publication in 1745 of the works of Schreyer, a physician of Zeitz, in Saxony, who wrote in the preceding century.

Under the head of Medical Police\* (which includes, as we have seen, only sub-division (d) of Public Health, and therefore omits the most important part of that "care of the public weal" for which, according to our author, we are indebted to the Reformation) Sprengel discusses only Inoculation and Vaccination. However, these are introduced with a grand flourish of trumpets. "Justly," exclaims the rapt historian of medicine, "may the 18th century be called that of enlightenment and humanity. The impotent struggle to re-introduce darkness and spiritual despotism was crushed by the glorious advance of humanity and reason." Unfortunately, however, for this "purple patch," the doctors (who, in a history of medicine, ought surely to figure as the representatives of the "glorious progress of reason and humanity") had nothing to do with the introduction of inoculation, which is the subject Sprengel next proceeds to discuss, and for which we are indebted to the benevolent exertions of Lady M. W. Montagu. This lady, too, had to contend, not with the thunders of the Vatican (inoculation having been received in Italy with peculiar favour), but with the avaricious ignorance and arrogant bigotry of the doctors—against the same hostile weapons, in fact, which had already been directed against Vesalius and Harvey, and which were destined shortly to be hurled against Jenner, when he presumed to suggest the propriety of vaccination. They have been kept in exercise since against Eliotson,

\* Sprengel here substitutes the term "*Medicinische Polizei*" for that of "*Öffentliche Medicin*" which he had previously employed. It may be urged that the *prevention of the occurrence of a particular disease* by vaccination is something different from the *endeavour to prevent the spread of a disease which is actually raging at the time*, and ought therefore to be placed in a different category from quarantine and the use of disinfectants, &c. This would necessitate the further sub-division of *d* into two sub-sections ( $\alpha$  and  $\beta$ ), which seems to me an unnecessary degree of refinement.



Hughes Bennett, and Skoda, and seem little likely to be sheathed until the days when the leopard shall lie down with the kid. At a time like the present, when there is so much discussion as to the propriety of allowing women to practise medicine, it is well to bear in mind that, in the teeth of the whole medical faculty, a lady was the first to introduce an effectual prophylactic measure against one of the most fearful of all diseases, and that *cinchona*, one of the most valuable of all drugs, was introduced into Europe, amidst the howls of medical bigotry and the groans of medical greed, by a Spanish countess, aided by the Jesuit missionaries of the very Church which Sprengel takes such delight in reviling.

### PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Continued from page 425.

(40) *Lancet*, 1842-3. Vol. i. p. 75.

Abridged from *Gazette des Hôpitaux*, Dec. 31st, 1842.

A man, æt. 36, habitually healthy, had to attend to eight glandered horses. He received a kick in axilla. Next evening he felt sharp pains there, and was bled. Next day felt better, and resumed his work, but on following day his prostration was so great, that he could not get up, and he lost his appetite, with great inclination to vomit. He remained in bed. In a day or two a slight coryza came on, causing him to sniff up frequently the contents of the nose, which he discharged through mouth. Discomfort and pain in pharynx, except when swallowing. Had occasional warm foot-baths, and once after the feet had remained in the water for half an hour he felt violent pains in both legs and arms, and on the second day afterwards his legs presented an abundance of tumours, which rapidly increased in size. As soon as these local symptoms appeared, the general symptoms before mentioned ceased altogether.

On August 18th, 1841, he was admitted into the Hôtel Dieu. General wasted appearance and prostration; little fever or heat of surface; low pulse, 7; skin moist; appetite tolerable; tongue rather injected; little headache; pharynx, vulva, and pendulum palati inflamed, and the last named tumefied; the anterior border of velum covered



with whitish spots (*plaques*). Continually sniffing up, but discharged nothing by the nose; had spit but once, and the rejected matter appeared to be saliva only; anterior portion of nasal passages dry; fluctuating tumours on inner part of left thigh as large as a hen's egg, two on inner side of right thigh, two on left, and two on right calf, which last region appeared to abound with purulent matter; under right pectoralis major muscle was a large abscess. All these abscesses were painful on being touched, and over some the surface was reddened; feet oedematous, and movement nearly impossible. Ordered wine, lemonade, mercurial ointment, and *pulv. ipec. co.*

August 20th. In morning abundant general perspiration, but the tendency to sniffing up (*reniflement*) continues, as well as the pains in limbs; some restlessness, but pulse diminished to 76 from 80, as during two days previously, other symptoms much the same. Urine heightened in colour, very little precipitate when treated with nitric acid, but much turbidity from the addition of oxalate of ammonia. In evening skin dry, hot, and very sensitive to cold currents of air.

August 21st. Perspiration copious; pulse 80, less full than the previous night; a liquid stool in night, and a new abscess formed without his knowing it; more prostration; little fever; sniffing less frequent. *Caustic potash* was applied to procure the opening of one abscess on thigh and another on arm. At night he seemed better.

August 22nd. Abdomen slightly tumefied; pulse 84; urine reddened and perceptibly acid; other symptoms little different from yesterday. Tongue drier and redder. Continue medicines.

August 23rd. Pulse 70; right ankle joint swollen, tender, and painful on touch; a new abscess on back of left forearm. On auscultation a mucous rattle heard on right side of chest posteriorly, and percussion gives a somewhat dull sound at level of infra-spinous fossa.

The chest symptoms augmented, and other abscesses successively appeared between this period and the 28th; loose stools had continued, and he had become much more feeble and emaciated. Pulse 88; skin hot; the abscess on forearm much larger, rather painful. Omit *Mercury*. Several abscesses were opened, and in all nearly a pint of thick greyish purulent matter, slightly coloured with blood, was removed. He felt relieved, and pulse fell to 85.



August 29th. In morning seemed a little better, and the emptied abscesses showed a disposition to heal. Others were accordingly opened by means of *caustic*, and nearly a similar quantity of matter taken away as on the preceding day. The alleviation was only transient; the sweating, looseness and pains in limbs increased, the sleep and appetite diminished, and the prostration continued.

August 31st. More abscesses appeared, with headache and purulent urine, which became ammoniacal in less than two hours.

September 1st. An abscess in calf was opened, and the pus preserved for experiment.

September 2nd. The abscess first opened supplicated afresh, and showed a disposition to keep open, though the rest had mostly cicatrised. Many sudamina appeared round the neck; right lung gave all the signs of engorgement. Intense cephalalgia; sensible diminution of urine.

September 3rd. Urine orange-coloured, transparent, and alkaline, but with little smell; no precipitate from nitric acid; on application of heat much albumen was deposited. Treated with oxalate of ammonia, a large quantity of salts of lime was thrown down, with only a little uric acid. By exsiccation a good deal of animal matter was procured.

September 7th. An eschar as large as a crown-piece had been produced on sacrum, but no new abscesses had latterly formed, and those previously opened had healed, leaving now only a few remaining on right side of thorax and in right leg. Auscultation proved the respiration of left lung to be greatly diminished, and mucous rattle was heard both at its base and summit.

September 8th. Was removed to another ward, which process caused him much suffering. A new and painful abscess appeared, and those which had healed now mostly supplicated afresh. Dryness and heat of surface; loss of appetite; cough; great dejection, anxiety, &c. His feebleness continued to increase, and on the 10th *cinchona* was given.

September 11th. Left arm is one collection of abscesses, of all sizes up to a hen's egg. A shivering fit occurred, lasting twenty minutes, succeeded by sweating and headache. Sleep broken, delirium, violent cough, much diarrhoea, total loss of appetite; sensation in throat obliging him to make efforts of deglutition almost perpetually;



respiration and speech very difficult. Great flaccidity of muscles, and motion of limbs nearly impossible.

In this state he continued several days longer. Several of the abscesses were opened, and a greyish inodorous pus, mixed with blood, was drawn therefrom. On 14th there was a perceptible increase of dulness on percussion in both lungs, and a rattle was heard throughout their whole extent, though right lung seemed less engorged than left. The abscesses, in thighs particularly, continued to discharge pus, and he gradually sank. Alternate shivering and sweating; anxiety and dyspnoea increased from 15th to 20th. At the last date pulse was 120 and very feeble, but temperature of surface had much lowered, and the cough was less frequent; legs, and particularly tibio-tarsal articulations, much swollen. Right leg seemed to be involved in a fluctuating abscess from belly of gastrocnemius to ankle joint. "*Cette jambe ressemble à une pyramide à base inférieure.*" The abscess in right thigh discharged a greenish-yellow pus, and the edges of the ulcer through which it flowed were very painful, though not apparently inflamed. The abscess which had formerly existed near right pectoralis major had now altogether disappeared, being replaced by a more hardened, but still mobile mass, painful on pressure. On evening of 20th pulse was 146, scarcely perceptible; respiration, 32. He suffered so much from pain in limbs, &c., that he often uttered loud cries. He died on 24th.

*Post-mortem* in twenty-two hours. Subcutaneous and intermuscular tissue, and even many of the muscles themselves, were infiltrated with purulent matter in all directions. Voluminous abscesses were found in right biceps and triceps, and many in axilla, communicating with each other, and with pleural cavity, by three separate openings, through sixth intercostal space. Two of these openings were of the diameter of a large pea; the third, and most external, was nearly as large as a shilling. The muscles all round were softened, and looked in parts as if torn through (*dechiquetés*) In right axilla was also extensive serous infiltration; and beneath great pectoral muscle a grumous mass was seen, composed partly of coagulum and partly of the concrete remains of pus, the liquid portion of which had been absorbed. Left axillary lymphatic glands much enlarged. Muscular structure of right biceps and left flexor profundus was destroyed, and these muscles converted into mere purulent



sacs. Lower extremities exhibited analogous appearances to upper, being full of abscesses, &c.; serous infiltration prevailed in cellular tissue, round right tibio-tarsal articulation. Lymphatic glands of neck were red, softened, and slightly swollen. Mucous membrane over epiglottis a little injected. In pericardium was some serum, mixed with a little blood. Very little blood within heart. Old adhesions with lungs on both sides of chest, and in left pleura some thick false membranes and serous effusion, the product of recent pleuritis. Some emphysema in left lung, and a slight engorgement at the base of both lungs. Liver much congested, enlarged, injected, and somewhat softened. Spleen a little enlarged, softened, and readily torn. On floor and sides of nose the pituitary membrane was rather inflamed. The redness was greater over the turbinated bones than in middle and lower meatus, but these passages were covered with a thick viscous mucus. Towards its posterior part the pituitary membrane became gradually more injected, thickened, and softened; and in one place it was so completely ulcerated as to be converted into a white viscous layer, similar in appearance to casein, which was readily scraped from the bone with the back of a scalpel. The inflammation, softening, prevalence of the peculiar mucus, &c., extended more or less into the sphenoidal, maxillary, and frontal sinuses, the ethmoid cells, &c.

(41) *Lancet*, 1842-3. Vol. i. p. 753.

From *Gazette des Hôpitaux*.

A waggoner, æt. 19, entered the Hôpital de la Charité, in Paris, on October 18th, 1841. He had felt ill for preceding week. Some intense pains were felt in ankle and knee joints, and muscles of leg and thigh; pulse became quick; thirst intense; headache; and prostration. On October 25th pustules filled with purulent matter appeared on instep, and upper surfaces of left three smaller toes; they broke, and the cicatrization was completed in a few days; but a diffused swelling now appeared in anterior part of upper third of thigh, followed by two similar tumours, one on each leg. It was now ascertained that he had slept in a stable with a glandered horse. For next eight months similar tumours were successively and incessantly appearing on all parts of upper and lower extremities, though



they continued one after another to disperse ; there was also emaciation. He took *cinchona* and wine ; and on July 5th, 1842, *iodine* with *iodide of potassium*, which was followed by erysipelas on left arm. On 31st July he was well.

(42) *Lancet*, 1844. Vol. i., p. 8.

Reference to case of glanders in a woman, lately reported by M. Bourgeois d'Etampes, in *Bulletin Thérapeutique*.

(43) *Lancet*, 1844. Vol. i. p. 639.

Case communicated to the Académie de Médecine, Paris, by M. Landouzy.

A man was bitten on cheek by glandered horse. In two days (Dec. 20) all the symptoms of acute glanders appeared ; a pustular eruption, abundant discharge from nares, dyspnœa, matity of lungs, diminution of respiratory murmur, abscesses, and opacity of corneæ. Died on Jan. 2nd.

*Post-mortem*.—An abundant eruption on thorax and abdomen ; bronchii covered by a miliary eruption ; lung filled with abscesses ; liver and spleen enlarged ; miliary eruption in intestines above and below cœcum, and in the cœcum seven ulcerations.

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## REVIEWS.

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*The Guiding Symptoms of Our Materia Medica.* By C. HERING, M.D. Vol. II. Philadelphia, 1880.

WHEN the first volume of this work appeared, we questioned the value of it as a help to practice ; but on looking at the second volume, and noting the progress of the work, we think that, when completed, it will be a work of much importance and value to the student and busy practitioner. The aim of the work, as Dr. Hering tells us in the preface to the first volume, is to make it a *complement* to the *Materia Medica*, not a substitute for it. Consequently, Dr. Hering gives us not a mere complete list of the symptoms produced by a drug, or a condensation of the same, but he introduces also symptoms observed only on the sick, and marks each symptom with a special mark indicating its value as a curative indication, those observed only on the sick having a mark indicating this distinction. Observations from old school authorities, which seem reliable, are likewise



added, with special signs affixed. Besides this arrangement there is, attached to many of the leading symptoms, a notice of the pathological condition, or the name of the disease in which such symptoms usually appear, as a part of the disease picture. Each drug is introduced by a short notice of its history and its provings.

The advantages of this work, then, over other aids to the practitioner are that, on turning up any medicine, one finds at a glance whether a given symptom has been verified curatively or not, and what value is placed on it as a curative indication by such a veteran authority as Dr. Constantine Hering, while at the same time he finds the diseased condition in which the given symptom most frequently occurs pointed out. This saves the busy practitioner a great deal of labour, while he has the assurance at the same time of the trustworthy nature of the information given him. It is a work of immense labour, and could only have been compiled by a veteran in homoeopathy. We trust that Dr. Hering may be spared to complete the work, and we advise all practitioners to possess themselves of it. Vol. II. includes from *Arnica* to *Bromium*.

Before leaving Dr. Hering we notice, as we ought to have done before, the second edition of another of his works, namely, the—

*Condensed Materia Medica*. Second edition. By C. Hering. Boericke and Tafel. 1879.

This work, the author tells us, is made up from the MS. prepared for the "Guiding Symptoms," and is intended to give the student an idea of the main features of each drug in as narrow a compass as possible. It is, in fact, the "Guiding Symptoms" boiled down. It has therefore a value of its own in enabling the student or practitioner to see quickly the chief symptoms of each medicine. Its name indicates its nature exactly, the condensation being much more valuable from the hands of Dr. Hering than it might be from others of smaller experience. To those who wish to have such an aid to the *Materia Medica* beside them, we can recommend it; but it will be put into the shade by the "Guiding Symptoms" when the latter is completed: for, if one possessed both works, the more complete of the two would be generally referred to in preference to the other.

[Since the above was in type, we learn, with deep sorrow, that the venerable author has been taken away from us by death.]



*Modern Household Medicine.* By CHARLES ROBERT FLEURY, M.D., &c. London: Gould & Son.

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*An Epitome of the Homœopathic Domestic Medicine.* By J. LAURIE, M.D. Thoroughly revised and brought down to the present time. By R. S. GUTTERIDGE, M.D. Thirtieth edition. London: Leath & Ross.

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*A Guide to Homœopathic Practice.* Designed for the use of families and private individuals. By J. D. JOHNSON, M.D. Boericke & Tafel: New York and Philadelphia, 1880.

It is a question whether the publication of books on domestic medicine should be encouraged or not. For our own part, we do not think they do any harm, but rather good in giving to heads of households some slight knowledge of the action of medicines, and the treatment of the more simple and common ailments. With this knowledge valuable time is often saved, the doctor is sent for all the same if the case is more than simple, while in places where there is no homœopathic practitioner near, as abroad, good works of this kind are invaluable and will be largely employed, until the time comes when homœopathy is practised as the dominant system, or till there is a supply of homœopaths equal to the demand for them.

But it is essential that such books should not only be helpful, but trustworthy and safe, especially as regards the medicines and their doses.

Now, we have no hesitation in saying, though we regret to have to do so, that Dr. Fleury's work does not answer to this simple standard of requirements. The first chapter contains useful general information on points that every head of a house should know. We would, however, note that the first page, on the temperature of the body, and the use of the thermometer is, in our opinion, misleading to a non-professional person. Dr. Fleury tells us that "if the thermometer should register a temperature of  $108.4-5^{\circ}$ , it may be safely asserted there is present an attack of importance." We should think there was, but this way of putting it implies to a lay reader that if the temperature is lower, say  $101^{\circ}$ , it would not much matter. And in the next sentence "if the thermometer mount above  $105^{\circ}$  (sic) then the attack is a very severe one." We should think it was, but this is not the way to put the matter to a lay reader. We should have thought it nearer the mark to have said that if the temperature were  $101^{\circ}$ , the attack was of importance, while if it reaches  $108^{\circ}$ , or even  $102^{\circ}$ , not to mention "above  $105^{\circ}$ ," the sooner the book on domestic medicine is shut, and the doctor called in the better.



But when we come to the second part, on the treatment of diseases, it is sufficient to read the first few pages. For "simple fever," the medicine is "*aconite* 1 x five drops for a dose every hour or so, in a half wine-glassful of cold water, till fever abates." In a footnote to this, we have the following: "The doses mentioned refer to adults. A little less may be used for children."

Now Dr. Fleury may use what doses he likes in his own practice, when he can watch the effects and stop the medicine when he sees fit to do so; but in a book of domestic practice, these recommendations are, in our opinion, unsafe, while to add that for children (no age specified) "a little less" is to be given is not what we should care to have the responsibility of recommending.

The same observations apply to the treatment recommended in "gastric" fever and enteric fever, which come next in order. In the former, *baptisia*  $\phi$  "8 or 4 drops for a dose in a wine-glassful of cold water every hour till 5 or 6 doses have been given, then every 2 hours or so till the symptoms abate." If diarrhoea continues, and *carbo. veg.* 1-5th 10 grs. three times a day fail, "*arsenicum* 8 x 6 or 7 drops every two hours or so, according to the severity of the diarrhoea." In typhoid fever, *baptisia*  $\phi$  "8 or 4 drops every two hours or so." "If there be diarrhoea at the outset, a teaspoonful of Bragg's charcoal given morning and evening, mixed in cold water, may be given without discontinuing the *baptisia*. The diarrhoea of a later stage in the fever is better controlled by *arsenicum* 8 x 5 or 6 drops for a dose every two hours or so, according to the severity of the diarrhoea. If there be hæmorrhage for the bowels, *terebinth* 1 x 5 or 6 drops for a dose, repeated according to emergency. If vomiting, *Ipecacuanha* 1-5th (dose not given, but under "gastric" fever, the dose is given as 5 drops). In the event of the fever being complicated by diphtheria or other throat affection, the medicines used for these affections, *kali bichrom.* 1, *bromium* 1x, *spongia*  $\phi$ , *kali chlor.*  $\phi$ , *ferr. per chlor.* B.P., &c., should be employed (*vide* articles) with the local measures, &c. . . . "If any chest complications should occur, such as bronchitis or inflammation of the lungs, *bryonia*  $\phi$  and *phosphorus* 3x, three or four drop doses alternately every hour or two, may be given. Brain complications, excitement, throbbing headache, and delirium, may be benefited by *belladonna*  $\phi$ , two or three drops, repeated according to symptoms. For debility, during the stage of convalescence, *quinine phosphate*, one grain three times a day in cold water. *Nux vomica* 1-5th is useful for weak digestion, and *sulphur*  $\phi$  for constipation."

We have read no further, nor do we intend to do so. The above quotations will, we fancy, induce most practitioners to



agree with us in saying that whatever doses Dr. Fleury chooses to employ in his own personal practice, the above doses are not such as we consider ought to be recommended in a book, written, not for the profession, but for mothers and other non-professional persons; especially when we are simply told in a foot-note that "for children, a little less may be given." Were no other fault to be found with this work, the above is quite enough to justify us, in our capacity as honest and responsible reviewers, in condemning Dr. Fleury's work as one that ought not to be used as a domestic guide.

We have to speak very differently of the second work on our list, Dr. Laurie's *Epitome*, edited by Dr. Gutteridge. Dr. Laurie's large work is too well known as a standard domestic treatise to require any praise from us. Our only objection to it is that it is not complete for the purpose. Dr. Gutteridge's edition of it, now before us, is practically a new work. It is based on Laurie's large book, but usefully curtailed, while the remedies introduced since Dr. Laurie wrote are here found presented. The description of the diseases, their treatment, with the indications for each medicine, are admirably done. A useful introductory chapter gives general information, while a short chapter on Invalid Cookery, and a full account of the main actions of each medicine, and a glossary of medical terms complete the book. This is one of the best works on domestic medicine we have, and we have much pleasure in recommending it. A number of illustrations enliven the work.

The third book on our list, by Dr. Johnson, of America, is also a good one. It is very full in the matter of remedies, more full, in fact, than we think necessary or desirable in a domestic work. The remedies are likewise arranged alphabetically, which we think a mistake in works of this kind. The usefulness of such a book and the ease with which it is employed is very much enhanced by placing the remedies in the order in which they are most usually needed, or in their order of importance; but while in this book a large number of remedies is given, we yet miss several important ones. Thus, in whooping cough *Drosera* is not even named, while in dysentery, while *merc. vivus* is given, *merc. corrosivus* is not named. Such omissions we are at a loss to account for. The final part of the book contains an excellent *résumé* of the pathogenesis of the medicines named in the book, from which list we again miss *Drosera* and *merc. corr.* In these sketches of the pathogeneses, analogical reference is usefully made to other kindred medicines.

On the whole the work is a very good one of its kind, and will answer its purpose.



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**NOTABILIA.**

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**THE "EPPS" PRIZE.**

In our recent leading article on the "Prater prize," we expressed the hope that, as such excellent results had followed the offer of this prize, some other liberal minded supporter of homœopathy would come forward and offer another prize, with a similar object. Dr. Prater, in the most generous manner, offered to repeat his gift if no one else came forward. We are happy, however, to inform our readers that it has not been necessary to accept Dr. Prater's liberal offer, as Mr. James Epps, the head of the well-known firm of cocoa manufacturers, has most handsomely sent us a cheque for £10 for a prize to be given on the same terms as the Prater prize.

The prize is to be given for the best collection of twenty cases of disease treated homœopathically. Each case to be fully described—consisting of the previous history, the detailed account of the symptoms, and the physical signs present at the commencement of treatment; the detailed progress under treatment, and the reasons for the selection of each remedy, with any clinical remarks which may elucidate the case or the treatment. Each case is to be treated with only one medicine at a time, and provided the remedy is homœopathic to the complaint, the selection of a high or low dilution is left to the discretion of the candidate. Candidates to send in their essays to Dr. Dyce Brown, 29, Seymour Street, Portman Square, W., on or before March 31st, 1881.

The adjudicators of the prize will be Drs. Bayes, Hughes, Pope, and Dyce Brown.

The competition is open to all homœopathic practitioners, including the successful and unsuccessful candidates for the Prater prize.

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**HAHNEMANN PUBLISHING SOCIETY.**

THE annual meeting of this society will be held at the Great Northern Railway Station Hotel, Leeds, at 8 o'clock in the evening of Wednesday, the 8th instant, and, if necessary, by adjournment, at 9.0 a.m., on Thursday, the 9th.

It is very necessary that as many members as possibly can should be present on Wednesday evening, as very important business will be brought forward.

Gentlemen who may have any reports or suggestions to make should communicate at once with the *Hon. Secretary*, Dr. Hayward, 117, Grove Street, Liverpool.



### STRAWS

Now, the proverb says, which way the wind blows. Similar indications mark the progress of homœopathy. To openly admit that one practises homœopathy is by many, who secretly avail themselves of its method and means, felt to be inconvenient. They have not the courage of their opinions, but they see which way the wind blows, and while "pooh, poohing" homœopathy, they practise homœopathically as far as they can without exciting the suspicions of prejudiced and ignorant professional neighbours. In the *Lancet* of July 17th are two significantly worded advertisements. The advertisers desire to sell their practises. One in describing the qualifications of the sort of purchaser he wants says he "must be liberal minded and have no scruples about medical systems." The *nom de plume* he takes is "Eclectic." The second who assumes the same designation describes his practise as one "established five years on Professor Ringer's system!" How would Professor Ringer describe his "system?" Most people look upon it as uncommonly like homœopathy!

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### THE LONDON SCHOOL OF HOMŒOPATHY.

52, Great Ormond Street, Russell Square, W.C.

THE Winter Session will open on Monday, October 4th, at 5 p.m., when when Dr. James Compton Burnett will deliver an address on Hahnemann, considered as a man, as a physician, and the lessons of his life.

It was proposed by Dr. Hughes, at the annual meeting of the British Homœopathic Society, that a yearly Hahnemann Oration should be established by that Society. This proposition was negatived by a large majority.

The question of the establishment of such a lectureship was subsequently brought by Dr. Bayes before the Committee meeting of the London School of Homœopathy, and was unanimously carried.

It is intended to take the place of the Introductory Lecture hitherto given, and the lecturer to fill this post will be elected yearly. It will be the duty of such lecturer to expound the principles of the great medical reform introduced into the science of medicine by Hahnemann. Dr. Burnett was unanimously elected to deliver the first of these Hahnemann Lectures.

The lectures on the "Principles and Practice of Medicine" will be continued as before by Dr. D. Dyce Brown, who will commence the course by an introductory lecture on Tuesday, October 5th, at 5 o'clock p.m.

In consequence of Dr. Hughes' resignation, compelled by his withdrawal from London Practice, it became necessary to elect a new lecturer on Materia Medica and Therapeutics. To this post



Dr. Pope was elected by the Medical Governors. Dr. Pope will commence his lectures on *Materia Medica* and *Therapeutics* by an introductory discourse on the study of *Materia Medica*, on Thursday, October 7th, at 5 p.m.

Dr. Hughes delivers no lectures within the School during the present session, but during the Summer Session it is his intention to continue his most interesting series of lectures on the *Institutes of Homœopathy*, by giving a course of lectures on the *Organon*. It is contemplated to establish a course of *Clinical Lectures* to be delivered weekly during the coming session, of which further notice will be given. Clinical instruction will be continued within the hospital by Drs. Blackley, Dyce Brown, Cooper, and Thorold Wood, in connection with the School.

Certificates of attendance upon the Lectures, &c., are granted to such students as have diligently attended the above courses.

A prize of £10 is offered annually by Dr. Bayes to that student who passes the best examination in *Principles and Practice of Medicine*, and in *Materia Medica* and *Therapeutics*, at the end of the Summer Course.

#### PRIZEMEN.

1878.—Dr. J. H. Clarke, of Ipswich (Dr. Bayes' prize).

Dr. Giles F. Goldsbrough, Camberwell (extra prize given by the School).

1879.—No competition.

1880.—Dr. Percy B. Cox (Dr. Bayes' prize).

Dr. S. F. Shannon (Mr. Miller's prize).

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## OBITUARY.

### DEATH OF DR. CONSTANTINE HERING.

It is with extreme sorrow that it is our painful duty to announce the death of the venerable Dr. Hering, which occurred suddenly on the 80th of July. He had been engaged as usual in his professional duties during the day, and in the evening was sitting in his study at literary work, when he was suddenly taken ill, and expired at 10 p.m. The newspaper announcing this melancholy event only reached us on the 19th, by which time, owing to the holiday season, the *Review* was nearly ready for publication. We are thus unable to do more than chronicle the sad fact, and must reserve our extended notice of the life of this remarkable man till our next issue. His loss will be deeply felt wherever homœopathy is known, and we lament that our hopes expressed in the review of his "*Guiding Symptoms*" in this issue have not been realised. Dr. Hering was in his 81st year.



R. S. TATE, Esq.

WE regret to have to announce the death, on the 29th of July, after a long and most painful illness, of Mr. Tate, of Blackheath.

Mr. Tate was a native of South Shields, and received his medical education in Edinburgh. On the completion of his studies he was admitted a member of the College of Surgeons, and a licentiate of the Society of Apothecaries.

He commenced practice in West Boldon, from whence he removed to Sunderland, where he resided for some years. Personally acquainted with Dr. Hayle, now of Rochdale, but at that time residing in Newcastle, he was naturally led to think somewhat of homœopathy, and to enquire into its merits; the result being his open adoption of it about the year 1850. Soon after this he removed to London, finally settling at Blackheath, in succession to the late Dr. Hinxman. For a short time he was one of the honorary medical officers of the London Homœopathic Hospital, but the pressure of private engagements compelled his retirement after a few years of service there.

Mr. Tate was a most unostentatious and, at the same time, scrupulously conscientious man; extremely kind and attentive to his patients, and very much beloved and respected by them, as well as by all with whom he came in contact.

At the time of his death he was in the 68rd year of his age. He was twice married, and leaves a widow and seven children.

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CORRESPONDENCE.

THE LONDON SCHOOL OF HOMŒOPATHY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Permit me to make a few remarks on the criticism by Dr. Bayes (*Homœopathic Review*, June, 1880), on a letter published by me in the *British Journal of Homœopathy*, April, 1880, and entitled “The Requirements for Homœopathic Teaching.”

In that letter, I desired to draw attention to some remarks by Dr. Jousset, in *l'Art Médical*, for November, 1879. In this number of that journal there is a full report of the discussion arising on the question whether the medical governors of the London School of Homœopathy should accept the report of the committee which recommended that steps be taken to have the lectures recognised, and that those lectures embrace the whole range of *Materia Medica* and practice of physics, so as to qualify students for examination. The governors were equally divided on the question, the casting vote being given against the adoption of the report by the chairman; and he voted thus, not on the



merits of the question, but because he felt a more decided unanimity was necessary to carry out a project attended with great difficulties. On this discussion Dr. Jousset remarks :—"What is the object of the discussion reported here? Half the lecturers in the homœopathic school allege that they teach allopathy along with homœopathy; the other half wish that homœopathy only should be taught."

This sentence, taken without the context, readily admits of the construction Dr. Bayes puts on it, but I did not read it in that sense, nor was I desirous to convey to anyone the idea that allopathy and homœopathy were taught by either one or other of the lecturers in the London School of Homœopathy.

The committee did not recommend that these two systems were to be taught as co-ordinate, and they did not use the term allopathy. But anyone reading some of the speeches then made might readily suppose that it was intended that so-called "allopathy" was desired to be taught.

"The question," Dr. Jousset adds, "is badly stated, and consequently insoluble."

Why is the question badly stated?

Because the expressions *homœopathy* and *allopathy* are epithets engendered by the war excited by Hahnemann's reforms; because the expressions are false, and I should like, if it were possible, that they should disappear.

"There are certainly two therapeutic doctrines under observation, but their two names are *positive therapeutics* and *systematic therapeutics*." These observations Dr. Bayes considers as "crude;" they are, however, the logical outcome of views held by the illustrious Tessier as far back as 1852, and are now advocated by his distinguished pupil, Dr. Jousset.

We use the word allopathy, but it is a nickname, which the ordinary school of medicine indignantly ignores. Used, as it generally is, it has no more significance than to say orthodoxy is my doxy, heterodoxy is every other man's doxy. What says Hahnemann? "The second mode of employing medicines in diseases, the *allopathic* or *heteropathic*, which, without any pathological reference to what is actually diseased in the body, attacks the parts most exempt from the disease, in order to lead away the disease through them, and thus to expel it, as is imagined has hitherto been the most general method. I have treated of it above in the introduction, and shall not dwell longer on it."—(*Organum*, § LV.) Does any medical man, practising in the ordinary method, accept this definition of his practice? It is a word which ought to disappear from our writings, except when used in its exact therapeutic meaning.

The word homœopathy has a distinct scientific definition as long as it is confined to the therapeutic law; but as soon as it



embraces the varied and very divergent practice of a body of men its signification becomes vague. We have, however, become so familiarised with the word homœopathy, as applied to a law and to a class of practitioners, that there is little hope now of its being confined to its true limit.

To return to Dr. Jousset's article, he goes on to say: "In our opinion, the question discussed at the general meeting in London, ought not to be to decide whether allopathy and homœopathy should be taught, but more simply and radically whether the teaching of *experimental Materia Medica*, and of the *therapeutics of positive indications* would not adequately imply the teaching of the whole domain of therapeutics; the numerous and contradictory systems known by the name of allopathy being reserved for the chapter of the history of therapeutics.

"We do not hesitate to answer this question in the affirmative.

"The study of *experimental Materia Medica*, while making us acquainted with the action of medicines on the living organism, does not let us remain ignorant either of their evacuant action, or of their revulsive action, or of their action in pain. And the *therapeutics of positive indications* teaches us in what particular case the homœopathic medication should be replaced by evacuant, derivative, or palliative medication."

"We see that therapeutics viewed from this elevation is but little concerned with the expressions *allopathy* and *homœopathy*; that it only retains them in order to designate a mode of action of drugs, and that it includes, on the one hand, all the medicinal actions demonstrated by experimentation on the healthy individual, and, on the other, all the indications which rest on a positive relation betwixt the known action of drugs and a particular pathological state."

I believe the great obstacle to the spread of homœopathy in Europe is isolation from the medical profession. More than three quarters of a century of strife have shown how formidable a barrier opposes our progress; and the many indirect gains which ordinary medicine has acquired from our experience, and especially from the *empirical mode* in which it employs them, renders the struggle still more difficult. To obtain recognition for even one lecturer on *Materia Medica* is a work of very great difficulty. Even if it failed, the necessary agitation to effect it is attended with great benefit to ourselves, and to medicine in general.

I trust my colleagues will dismiss the clap-trap argument that the course recommended by the committee is a "disgraceful compromise." There is no compromise urged, but a bold avowal of our peculiar faith, of our catholic scientific spirit, and of our due privileges as physicians.



This committee urged nothing but what is given in the programme of the medical department of the Boston University, and who doubts the faith of that homœopathic school, which is as great as its success is marked :

Dr. Weber Smith, the lecturer on *Materia Medica*, informs us (*Boston University Year Book*, 1879) that his lectures comprise "The toxicological, pathogenetic, and therapeutic relationship of drugs; the application of homœopathic provings; *the past and present uses of drugs by other than homœopathic practitioners.*" Do those who use the "disgraceful compromise" argument remember that Noack and Trinks devote one-half of the introduction to each medicine in giving the ordinary school uses of the drugs?

This scheme in no way stands antagonistic to the present teaching of the London School of Homœopathy; this, under present circumstances, is all that can be desired for medical men. It, however, lacks one element of propaganda, and this can only be attained by enlisting unpassed medical students. You have already shown the disadvantages and danger of the scheme now proposed by Dr. Bayes, so that it is unnecessary for me to add to your able statement. Dr. Bayes, however, falls into some historical mistakes which I desire to correct.

He supposes from the Latin diplomas attached to the British Homœopathic Society's rules that the founders anticipated giving a qualification to practice. These diplomas are merely honorary distinctions which exist in many societies, *e.g.*, in the Royal Medical Society of Edinburgh, a students' society, but no member ever thought the diploma conferred any power to practice. In one of Dr. Bayes early circulars of the school allusion is made to qualifying certificates. I discussed this point with Dr. Quin, the founder of the society and of the hospital; he regarded such a scheme as most injurious.

Dr. Bayes writes, "There have been, from the first introduction of homœopathy into England, two parties, amongst those holding its doctrines within the profession. These have been:—

"Firstly.—Those who followed the late Dr. Quin, whose idea appears to have been the gradual infiltration of the homœopathic doctrine into the whole medical profession, by the self-propelling power of its innate truth.

"Secondly.—Those, who like the late Dr. John Epps, endeavoured to teach its doctrines publicly.

"The Quinite party triumphed over honest John Epps, and we have the melancholy failure of Quin's triumph continually before our eyes." Shown as follows:—

"1. A very small body of professional men, who openly acknowledge the truth of the homœopathic law, and who practice it more or less. 2. A few men, among the allopaths,



who empirically use some of our remedies, for the most part, without acknowledgment," etc., etc.

The Hahnemann Hospital was opened November, 1850, but prior to that date the London Homœopathic Hospital was in active operation; so that Dr. Quin and his friends have the priority in establishing a public means of teaching homœopathy. During the winter of 1852-53, lectures in the Hahnemann Hospital were delivered by Drs. Curie, Dudgeon, and Epps. The lectures were excellent, the lecturers talented, but the audience was nearly *nil*. The "Quinite party" were not responsible for the collapse of the lectures of Dr. Epps, "honest John Epps," as Dr. Bayes styles him. Honest John Epps failed, as did the other lecturers, because there was no audience. The first was the last session. The Hahnemann Hospital was suddenly shut up 27th November, 1854, without the slightest assignable cause.

The London Homœopathic Hospital still exists, and clinical lectures have from time to time been given by its staff. But even lectures so excellent as the late Dr. Russell's failed to secure a fit audience. The passages now quoted, and former similar accounts by Dr. Bayes are historically incorrect. Dr. Quin's work has been the most permanent, because it has been founded on true ethical principles. It has steered clear of that charlatanic phase which the so-called "Anti-Quinite party" at one time attempted to impose on our therapeutics.

FRANCIS BLACK.

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## MUTUAL RECOGNITION SCHEME.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—Owing to the notices for Congress having been already printed when I forwarded my request to be allowed to read a paper on the above subject, I am compelled to ask you to allow me to announce through your pages that it is my intention to read a short paper at the coming Congress at Leeds, on September 9th, on the above subject, in view of utilising the means of homœopathic education at present existing in America and other countries, for the purpose of supplying the demand for qualified homœopathic practitioners in England, until we are able ourselves to fully educate and license graduates of our own.

Yours very sincerely,

WILLIAM BAYES, M.D.

21, Henrietta Street,  
Cavendish Square, W.



## NOTICES TO CORRESPONDENTS.

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•• We cannot undertake to return rejected manuscripts.

Communications have been received from Dr. SHARP (Rugby), Dr. RAMSBOTHAM (Leeds), Dr. CLIFTON (Northampton), Dr. BAYES, Dr. BLACK, Dr. BOTH, Dr. HARMAR SMITH (Ramsgate), Captain VAUGHAN MORRIS, JAMES EPPS, Esq.

We regret that, owing to the unexpected length of Dr. SHARP's paper, which for certain reasons could not be postponed till October, we are compelled to defer the publication of papers by Dr. COOPER, Dr. JAGIELSKI, Dr. HARMAR SMITH, Dr. CLIFTON, Dr. PURDOM, and Mr. KNOX SHAW.

We accidentally omitted to notice that at the meeting of the British Homœopathic Society, held on the 1st of July, Dr. YELDEMAN was elected President, Drs. DRURY and POPE, Vice-Presidents, Dr. HAMILTON, Treasurer, and Dr. HUGHES, Secretary.

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## BOOKS RECEIVED.

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*Second Annual Report of the Chester Free Homœopathic Dispensary.*

*Annals of the British Homœopathic Society.*

*Thirteenth Annual Report of the London Homœopathic Hospital.*

*Homœopathic World.* August.

*Monthly Magazine of Pharmacy.* August.

*Student's Journal.* July and August.

*The Chemist and Druggist.* August.

*Medical Advance.* July.

*New England Medical Gazette.* August.

*Homœopathic Times.* August.

*Therapeutic Gazette.* July.

*Allgemeine Homœopathische Zeitung.* Nos. 5 and 6.

*Homœopathische Rundschau.* July.

*L'Art Médical.* July.

*Revue Homœopathique Belge.* June.

*Rivista Omiopatica.* July.

*Philadelphia Weekly Times.* July 31.

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE BRITISH HOMŒOPATHIC CONGRESS, 1880.

ANOTHER of those most useful and enjoyable *réunions*, which have occurred annually for some ten years, is an event of the past.

Regarded from the standpoint of numbers, the recent meeting at Leeds was, perhaps, less gratifying than many similar gatherings have been. On the other hand, if we estimate its success from the tone of feeling prevailing among those present, from the quality of the papers read, or the importance of the business transacted, it ranks as high as, if not higher than, any of its predecessors.

We could wish that our colleagues were more fully alive to the value of meeting one another, under such circumstances as those presented by our annual Congresses, than they appear to be. The social advantages of these gatherings are great. Separated as we are by long distances from one another, in some instances completely isolated from all professional intercourse, the mere pleasure of seeing friendly brethren is very great, while the advantages of doing so are yet greater still. Differences of opinion, as to the best methods of furthering a common object, will



always exist when those engaged are in earnest in their work, and anxious for the best means of accomplishing it. Such meetings as our Congress offer the best, almost the only means of fairly and fully discussing such differences, of arriving at correct conclusions regarding them, and of removing any unkindly feelings that their previous expression may have aroused.

Other advantages there are—in debating moot points of practice, in dispelling doubts and solving difficulties that are ever and anon arising in the course of daily practice. The papers read, and still more the discussions they evoke, are always well calculated to increase our ability in practising our profession, and to strengthen our confidence in dealing with serious and anxious cases.

Our meeting, at Leeds, on the 9th of last month, has abundantly illustrated each of these points, and we are quite sure that all who were present must have returned home fully satisfied that they had gained considerably by having journeyed to Leeds, and taken part in the business of the Congress.

The address of Dr. YELDHAM was precisely of that thoroughly practical character that we anticipated that it would be. We have much pleasure in presenting it *extenso* in this number of our *Review*, and are sure that it will be read with great interest by all.

Dr. BURNETT's contribution, which also appears in our pages this month, was a brilliant and most ingenious piece of therapeutic argument on a subject which must, more and more, engage the attention of physicians. It is perfectly true that a large amount of careful clinical observation is needed before we can regard the position Dr. BURNETT took up as fully established. Of this no one is more convinced than the author himself. But in directing our thoughts to the subject in question, and in showing



us the line we must take in studying and working it out, Dr. BURNETT has done a service of very considerable importance.

Dr. DRYSDALE's essay on "The Needs and Requirements of a School of Homœopathy," we are compelled to postpone the publication of until November, as we are also that of Dr. BAYES on a kindred subject. On these two papers we purpose making some remarks in our next number. We need therefore say nothing regarding them here save that Dr. DRYSDALE's was as elaborate and thoughtful as his papers always are; and that, while we differ from him as to some of his conclusions, and regret that he should have been betrayed into a somewhat unjust depreciation of the work that has been done at the London School of Homœopathy, we think that a careful study of his observations will aid materially in enabling us to render our School still more efficient than it is. Dr. BAYES showed how anxious and enthusiastic he ever is in his devotion to the spread of homœopathy, and while his scheme appears to be more or less impracticable, the time is doubtless approaching when his energy and zeal in educating young medical men in the principles and practice of homœopathy will have a fair field for their display, and when valuable results will be obtained from their exercise.

An appropriate resolution proposed by Dr. DRYSDALE, and seconded by Dr. DUDGEON, referring to the departure from amongst us of Dr. CONSTANTINE HERING, was unanimously passed. It was but right that such prominent notice should be taken of the loss of one who has done such an enormous amount of real solid work for medicine, and has been so staunch a defender of homœopathy as was the late Dr. HERING.

The arrangements for the INTERNATIONAL HOMŒOPATHIC CONVENTION, so far as they were made at the Congress, are



such as give every promise of the meeting in London next July being a great success.

Dr. EDWARD HAMILTON, the Consulting Physician to the London Homœopathic Hospital, was, by a number of votes, closely approaching unanimity, elected to fill the office of PRESIDENT on that occasion. A better appointment could not possibly have been made. Of long experience in the practice of homœopathy, intimately associated with the late Dr. QUIN in the early years of his professional career, Dr. HAMILTON has taken an active part in the work of the British Homœopathic Society, in the establishment and sustentation of the London Homœopathic Hospital, and in other efforts to further the development of homœopathy. He is thus fully entitled to this mark of distinction at the hands of his professional brethren; while his well known courtesy, great tact, and capacity for business, will tend very considerably to add to the pleasure we, and we trust our foreign guests, may derive from the gathering.

Dr. HUGHES, as Vice-President, will, we need not say, add greatly to the success which we are hopeful the meeting will prove.

In Dr. BAYES, as Treasurer, we have a most excellent man of business; of Dr. GIBBS BLAKE's efficiency as Secretary we have had abundant evidence at the various Congresses that have been held of late years; while Dr. BURNETT, as local Secretary in London, and Dr. HAYWARD, in Liverpool, will contribute much to the comfort and convenience of our guests from abroad.

As will be seen from the report which appears in another part of our present number, we have every reason to anticipate that the INTERNATIONAL HOMŒOPATHIC CONVENTION of 1881 will be fruitful in results greatly gratifying to all who have the advantage of taking part in it.



## ON THE PURSUIT OF CERTAINTY IN MEDICINE.

Being the Presidential Address delivered at the meeting of the British Homœopathic Congress held at Leeds, September 9th, 1880.

By DR. YELDHAM.

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It is proverbial that the early birds eat up the late birds' breakfast. My predecessors in the office I have now the honour to fill, and who may be regarded as the fortunate early birds, have pretty well devoured the not very numerous questions of general interest bearing upon homœopathy, that might serve as suitable subjects for Presidential addresses; and, having in varied and eloquent strains sung the praises of Hahnemann and his doctrines, they have left to me, as one of the unlucky late birds, scarcely any other alternative—if I would escape damaging comparisons—than to avoid those attractive themes, and pitch my remarks in a lower and less laudatory key.

But, I have another reason for adopting this course. Having accepted the homœopathic system as it was inaugurated by Hahnemann, and as it has come down to us, almost with unquestioning faith in its sufficiency for practical purposes, we have expended our surplus energies too exclusively, though perhaps unavoidably, in a kind of life and death struggle in defence of our principles, and to maintain our position as recognised members of the medical body. But, we cannot always contend. The bitterest foes must sometimes rest on their arms and take breath. Such an interval of repose, as between ourselves and those of our profession who differ from us, may, I think, be said to exist at the present time; and though, as opposing parties, we have not yet learnt to agree, we have, I trust, learnt, in a calmer and more tolerant spirit than formerly, to bear with, and, in some degree, to respect each other. It appears to me that this lull in the strife offers a fitting opportunity, of which we should avail ourselves, to forget for awhile those things that are without, and turn our attention—as Statesmen do after fighting over foreign policy—to questions of internal improvement and reform. Excellent as the homœopathic system is as a whole, it is not devoid, in some of its details, of questions of this nature; for, much as Hahnemann effected in his own lifetime in giving practical shape to his doctrines, it was inevitable that he should leave so great a work, in many respects,



incomplete and imperfect. And whilst we must ever hold in the highest respect the opinions and teachings of the man who evolved and set in motion a new train of thought and action in medical science, it is also incumbent upon us to realise our own obligation to think, and judge, and act for ourselves, in this matter.

Several courses were open to me in prosecution of my task as indicated in the title of this paper. By comparing the various medical doctrines that have prevailed at different periods, with homœopathy, I might have enforced the fact, already sufficiently manifest to us, that the latter, from the admirable simplicity of its principles, partakes more largely than any of the older systems, of the elements of certainty. Such a comparison, however interesting in itself, would be mere waste of time in an assembly like this.

Or, again, taking Hahnemann's doctrines as my theme, and discussing those, especially, on which differences of opinion still exist amongst us, I might have endeavoured to reconcile those differences, and so remove a fruitful source of weakness in our medical faith, and of uncertainty in our practice. This, I fear, would have been a fruitless expenditure of labour.

Or, lastly, I might have adopted the facetious suggestion of the editors of the *Monthly Homœopathic Review*, to lay before you "the results of half a century of experience and observation, in a thoroughly practical and useful manner"—in an hour! I have followed neither of these courses, as they would all of them have led me wide of the object I have in view, namely, to enquire whether our *Materia Medica*, in its existing state, is calculated to develop those elements of certainty in our system to the fullest extent of which they are capable; and if not, to suggest a mode by which this desirable end may be attained. And, instead of discussing this subject simply on the grounds of practical expediency, I prefer viewing it by the light of a principle—the principle, I mean, of certainty in medicine. It is needless to state that this principle of certainty, underlying and influencing, consciously or unconsciously, even the ordinary transactions of life, is an indispensable element in all scientific pursuits, and in none more so than in the practice of medicine, since upon the degree of certainty or precision with which we ply our art, the weightiest interests often depend.



Whilst it is true that medicine, being a mixed science, can never reach the mathematical exactitude of a pure science, it should, nevertheless, be our constant aim to approximate it as nearly as possible to the highest degree of certainty, of which any science, dealing with uncertain agents, is capable. The attainment of this certainty, both in principle and practice, has naturally been the object of the professors of medicine in all ages. Down to Hahnemann's time their efforts had signally failed. It was, indeed, the absence of his principle in the old system of medicine that caused Hahnemann to abandon the practice of it, and to cry out in an agony of despair, when sickness invaded his family, 'Where can sure help be found? Everywhere around me behold the darkness and dreariness of a desert; no consolation for my oppressed heart:' and in our own day we are all familiar with the oft repeated lamentations of the ages of old physic, over the want of a leading principle in medicine.

And first, then, as to the number of articles of which the *Materia Medica* is composed.

In Hahneman's time, the number of substances proved by himself and others, and accepted as belonging to the homœopathic family of remedies, was comparatively small. Since then, additions have been continually made, until, at the present time, taking Allen's *Encyclopædia* as our authority, the *Materia Medica* consists of no less than 625 medicines. Many of these, it is true, have scarcely emerged from the embryo state as medicines; but there they are, inviting attention, and helping to swell the list. When the records of these medicines were dispersed throughout our special literature, we could form but an imperfect idea of their aggregate number, but now that, by the untiring industry of our talented American colleague, Dr. Allen, they have been collected into one systematic and complete work, we realise, for the first time, the enormous amount of materials, both in medicines and symptoms, with which the student of homœopathy has to struggle.

Whilst it is obvious that to encounter the various disorders that afflict humanity, a considerable number of medicines must ever be at our disposal, it is also evident to my mind—and I think most men of large experience will agree with me—that this necessity lies within a much



narrower compass than might be supposed. The reasons for this opinion are obvious.

In the first place, the unity of essence that pervades large classes of diseases, virtually lessens their number in a pathological point of view; and, to a corresponding extent, reduces the number of remedies that are required for their treatment.

Inflammation, for example, is one and the same morbid process, and gives rise to a generally recognised set of symptoms, whatever organ or tissue it may attack; and in a great many cases it may be arrested, and even cured, by *aconite* alone. The different mucous membranes, again, being of analagous structure, and performing analagous functions, are liable to similar diseases, and to a very great extent, are all amenable to the same treatment: *mercury* being the leading, and in many instances the only agent required. And again, how many affections of the brain and nervous system may be controlled by *belladonna*, *ignatia*, *nux vomica*, and a few other medicines? How many disorders of the digestive organs yield to *nux vomica*, *mercurius*, *pulsatilla*, and *sulphur*? Of the respiratory organs to *bryonia*, *phosphorus*, and *tartar emetic*? Of the intestinal canal to *mercurius*, *arsenicum*, and *veratrum*? Of the urinary organs to *cantharis*, *terebinth*, and *copaiba*? Of the skin to *belladonna*, *rhus*, *mercurius*, and *sulphur*? Of the muscular and fibrous tissues to *bryonia* and *rhus*? Of the glandular system to *mercurius*, *hepar*, and *iodine*? And we might even include the different kinds of fevers, without travelling much beyond the medicines I have enumerated; and to these might be added other examples to the same effect. But these will suffice to show, broadly, of course, with how few medicines, comparatively speaking, a large number of diseases may be treated. In the above list only some twenty medicines have been named, and yet, what a wide field of morbid action they traverse! Keeping in hand a liberal reserve of other remedies as auxiliaries to these, and for the treatment of obscure and anomalous cases, and of chronic diseases generally, we should find that a large proportion of the 625 medicines of which our *Materia Medica* is composed, remained still unappropriated.

Once more. The permanent character of diseases generally, supplies another argument in the same direction.



varying from time to time in particular features, they still retain their original identity. What they were from the first, such they doubtless are now, and such, in all probability, they will remain to the end of time. If diseases were ever changing their character, or if they disappeared and were replaced by others, then, of course, fresh remedies would be called for to meet these varying circumstances. But the fact that through all variations of form they still retain their primitive nature, enables us to assign to each disease, or class of diseases, a particular remedy, or set of remedies. Hahnemann allows this in certain fixed diseases, specifying especially the exanthemata. But, why restrict the rule? If it is admissible in one case, why not in others? and if in others, why not in all? seeing that all diseases, in the sense of assuming radically definite forms, are fixed diseases: the most rare, as well as the most common. It is only that our greater familiarity with the latter enables us more readily to recognise them. It only requires that the former be multiplied, and that they be carefully observed and described, to bring them, also, into the category of fixed diseases; and in the one case as well as in the other, when a specific relationship is once established between a particular disease and a particular remedy, that relationship holds good in all subsequent cases of a like nature. And hence, I think, it is not unreasonable to infer the possibility of a time arriving—a distant time, no doubt—when every known disease shall have its recognised remedy. Hahnemann, as we have just seen, admits this principle, though to a limited extent. Fleischmann—no mean authority—bore testimony to its soundness in his practice generally, and especially in the dictum attributed to him, that pneumonia, if not curable with *phosphorus*, was not curable at all. Tessier trusted almost exclusively to *aconite* and *strychnia* in the numerous cases of the same disease treated by him at the Hospital St. Marguerite at Paris; whilst it is noteworthy, that the oldest and most experienced practitioners employ but very few remedies.

Examining this same subject from another standpoint, we see that the wide sphere of action displayed by most of our best known medicines, affords additional support to these views. Take *arsenic* as an example. There is scarcely an organ or a function of the body, on which it does not exert a powerful influence, both physiological and



curative. The same may be said of *mercury*, and of *aconite*, and, though perhaps in a lesser degree, of *belladonna* and *nux vomica*, and others that readily suggest themselves to the mind; and even of these it may fairly be anticipated that under such further investigation as they will doubtless in time to come be submitted to, they will develop yet undiscovered properties, and thus still further enrich our *Materia Medica*, without materially increasing its bulk.

Let it not be supposed from these remarks that I would stop the search after new remedies. So long as incurable diseases exist, the search must needs go on. But remembering that our present *Materia Medica* is the growth of but little more than half a century, and that it is constantly on the increase, it becomes a serious question where this accumulation is to end? It is plain, judging of the future by the past, that unless some check is put upon its extension, it will ere long have outgrown all manageable proportions. Without, therefore, attempting to define its boundaries, I think that something like a reasonable and natural limitation to its increase is indicated in the foregoing observations. They show that diseases, viewed in relation to the essential oneness of nature of large classes of them, are in reality comparatively few in number; and the same argument applies to the nature and extent of healthy drug action. That being so, it is needless to add, that an unlimited number of remedies is not necessary to the treatment of a limited number of diseases.

What we require in this matter is rather power than numbers; not a host of new and imperfectly proved and weak analogues of older and more effective remedies, but a moderate number of such as exert a deep and lasting action on the human organism; *and to know these thoroughly*. In this spirit Hahnemann, in writing to his friend Hufeland, in 1805, said, "As we have already a great multitude of medicines which we know to be powerful, but whose exact powers we do not know, our object should rather be to learn their virtues than to add to their numbers." And thirty years later, he says, in speaking of the provings of medicines, "Even now but few diseases remain for which a pretty suitable homœopathic remedy may not be met amongst those already proved," and yet, since then, the articles in our *Materia Medica* have so enormously increased, that it is now well-nigh impossible for students of



homœopathy, especially those already engaged in practice, to find time to make themselves even superficially acquainted with their properties, to say nothing of that intimate and discriminating knowledge of their characteristic peculiarities and differences, which is indispensable to their scientific employment in practice. Whilst, therefore, I would hesitate to endorse the strongly expressed opinion of one of the speakers at a late meeting of the British Homœopathic Society, who is reported to have said "that he considered great wealth of remedies a curse," we must, I think, admit that a too redundant *Materia Medica* is a hindrance, rather than a help, to the practitioner; leading him to confine his attention to a few medicines only, and so to overlook others that might render him valuable service; or else, in a vain endeavour to master the whole, to learn none perfectly.

We come now to the consideration of the symptoms.

Viewed in the mass, these present a spectacle to dismay the stoutest heart. Let anyone who doubts this glance at the contents of the ten bulky volumes of Allen's *Encyclopedia*, crammed from beginning to end with the symptoms of the 625 medicines of which we have been speaking. I have it on the best authority—that of students themselves—that this enormous accumulation of symptoms, and the manner in which they are recorded, deter men from entering upon the study of homœopathy.

In dealing with this matter, two questions claim our attention. First, Is this innumerable host of symptoms necessary? And secondly, if not, Are there any legitimate means of reducing their number within practicable limits?

As to the former, it would be a mere truism to say that the symptoms of medicines are essential to homœopathy. That is a general answer that commands ready assent. What we want to know in particular is, *how far* they are necessary? It is obviously impossible to give a definite answer to this question. At the same time, we may, I think, by the aid of a few considerations, arrive at an approximately correct conclusion on the subject.

There are two modes of practising homœopathy, one by the light of the symptoms, independently of internal organic changes—the other, by the light of the symptoms, as indicating special pathological conditions.

The former of these is that which Hahnemann adopted, and of which the accumulation of symptoms that dis-



tinguishes homœopathy, is the natural outcome; for, as every disease, under different circumstances, whilst retaining its essential nature, evinces almost endless combinations of symptoms, it follows that, so long as every variation in, or new combination of, these symptoms is regarded as a new disease requiring a new remedy, and the selection of the remedy is determined by mere collation of symptoms, so long a vast array of these must remain an indispensable necessity. But all this is rapidly undergoing, if it has not already undergone, a great change. It was impossible permanently to exclude pathology from its legitimate influence in medical science. Men could not continue to regard the symptoms of disease—any more than those of medicines—simply as disordered sensations. They could not shut their eyes to the revelations of the dead-house, nor to the evidences of their senses in their daily intercourse with the sick, nor to the teachings of toxicology. It was clear, in each of these cases, that the symptoms were but so many indices to structural changes going on in the different tissues and organs of the body; and from that moment it was inevitable that pathology should become an important factor and guide, if not in medicine at large, certainly, in our special therapeutics. Had pathology, in times past, been recognised as the true basis of therapeutics, and been pursued with the zeal that such a recognition would have inspired, it is not too much to assume, that at the present day there would scarcely have remained a disease, with the structural changes of which we should not have been as familiar as we are with those of pneumonia, or even more so. It is true that there has been a growing persuasion that pathology ought to play an important part in medical science, but that part has not been defined. Now, however, side by side with drug proving, it will find its proper place and true value, in homœopathy. In short, without the light of pathology, diagnosis becomes a farce, prognosis an impossibility, and therapeutics little better than a craft.

The bearing of these observations on the subject immediately before us is obvious. If, instead of prescribing for a chain of baseless symptoms, we can discern and grapple with the *fons et origo* of these symptoms; if, instead of treating the twigs and branches of a malady, we can strike directly at its root, it is at once apparent how much our operations are simplified, over how much narrower a field they extend,



and how much fewer are the agents required to conduct them. Not to dwell longer on this point, we may, I think, without attempting to define the limits of symptomatology by hard and fast lines, form a pretty clear conception as to the extent to which the symptoms of medicines are necessary to homœopathy. They are necessary so far as they indicate in any given case, the remedy that exhibits the closest relationship with the disease, *as to its seat and nature*. That appears to me to be the natural and logical limitation of symptomatology. How much further the comparison of symptoms should be carried, must depend on the judgment of the physician, and the clearness with which the mutual affinity I have alluded to, has been made out. It is true that in our present limited knowledge of pathology, we must still sometimes rely solely on symptomatology in selecting our remedies. But this, we are warranted in believing, is only a confession of temporary ignorance, and not a permanent necessity.

The foregoing may be regarded as somewhat abstract reasons for keeping the growth of symptoms within moderate bounds. But there are others, of a specific and practical character, for largely reducing even the existing number of symptoms. These reasons are based on the following facts, viz., that many of the symptoms recorded in our *Materia Medica* are unreliable; that many others are mere repetitions; whilst others, again, are of so trifling, and often so incredible a character, as to be practically useless.

As to the first, it is disappointing to be compelled to confess that in this matter even Hahnemann cannot be held blameless. Dr. Richard Hughes, who, we all know, has paid great attention to this subject, and whose authority may be relied on, says, in his excellent *brochure on The Sources of our Materia Medica*, "We shall see when we come to the pathogeneses of the chronic diseases, that his (that is, Hahnemann's) main source of symptoms at this time, was the supposed effect upon the sick of the medicines he administered to cure their chronic maladies. We shall see, moreover, that his avowed prepossessions and actual mode of practice in this matter, make all symptoms so obtained by him of dubious value."

These symptoms, be it remembered, occupy four out of the five volumes of Hahnemann's *Chronic Diseases*, and are incorporated, without distinction, in our works on *Materia*



Medica, with the exception of Dr. Allen's, where they are indicated by particular signs. Much as we must all regret this uncertainty as to some of Hahnemann's provings, it can hardly excite our surprise that his symptomatology should, in some respects, be wanting in that completeness and fulness of detail which, in his instructions on the art of proving medicines, he prescribes with so much minuteness. He was then striving, almost single-handed, to establish a new doctrine of vital importance to the healing art, that, namely, of proving medicines on the healthy to elicit their curative virtues, and, naturally, he welcomed, doubtless in some instances with undue eagerness, every item of evidence that might seem, however faintly, to confirm his views. This eagerness sometimes betrayed him into grave inaccuracy in his pathogenetic records.

As illustrating my meaning, I would refer you once more to Dr. Hughes' *Lectures on the Sources of our Materia Medica*, where, on the 16th and two following pages, you will find a clear statement of the manner in which some unreliable and misleading symptoms have found a place in the *Materia Medica*.

These blemishes do not, of course, materially affect Hahnemann's reputation as the great master of drug proving. But, viewed practically, as they affect our present question, they are important, inasmuch as they prove only too conclusively, that many of the symptoms on which we rely in prescribing for the ailments of our fellow creatures, have no solid physiological foundation.

Secondly, as to the repetition of symptoms.

These constitute the great incubus upon our *Materia Medica*. There are thousands upon thousands of these. They occur in every regional division of our pathogeneses with wearisome iteration. Take the symptoms of *sulphur* as an example. To this single medicine—by no means a violent one in its action—no less than 4,080 symptoms are accorded in Allen's *Encyclopædia*; and there are many other medicines that do not come far behind *sulphur* in this respect. It is impossible but that a vast proportion of these must be mere repetitions of the same symptoms, expressed in such varying phraseology, as different provers would inevitably employ in describing the same feelings. But if they are nothing more than this, if they express even mere shades of difference, and not something radically new in



ing action, why, it may fairly be asked, are they repeated over and over again? If this sort of thing is to go on *ad libitum*, and every one who likes to contribute a proving, however imperfect, may claim to have his symptoms, real or imaginary, recorded and compiled, we may safely appropriate the apostolic hyperbole, which says, "if they could be written every one, I suppose that even the world itself could not contain the books that should be written." But little need be said of the third set of symptoms—the trifling, the incredible, and the meaningless. You can scarcely read through the provings of any important medicine without meeting with many instances of the first of these, consisting mainly of trifling and transient aches and pains, and other anomalous sensations, which many persons constantly experience without heeding them, but which experimenters, whose attention is awake to every variation of their ordinary sensations, by whatever cause excited, are almost sure to attribute to the medicines they may at the time be proving. Many of these symptoms, due to the passing circumstances of everyday life, are valueless as signs of drug action.

And as to the incredible symptoms, these abound most in the mental, and the emotional, and the sexual divisions of the pathogeneses. Is it to be believed that the frenzies, and hallucinations, and other exaggerated feelings and excitations of the mind, and of the sexual organs, were ever produced by the mildly acting medicines to which many of them are attributed? It may be that some of these symptoms have been relieved by those medicines. But that alone, strictly speaking, does not entitle them to a place in the pathogeneses. Let them appear elsewhere as curative effects, but let them not be mixed up in a pure Materia Medica with what should be pure pathogenetic symptoms.

And, thirdly, here is a sample of the meaningless. In the proving of *hydrastis*, as it stands recorded in Hales' *New Remedies*, and in Allen's *Encyclopædia*, the following symptom occurs, viz., "roaring like a partridge on waking"—a roaring partridge! As an old sportsman I am not unfamiliar with the characteristics of this interesting member of the feathered tribe, but this is the first time I ever heard of a partridge "roaring;" and yet this is gravely set down as a symptom to determine us in the choice of *hydrastis*! If this stood alone, it would, of course, be a trifle not worth



noticing; but, taken as a type of a multitude of other meaningless records, it shows with what senseless stuff, according to our present mode of proceeding in this matter, the precious grains of pathogenetic truth may be mixed up and obscured.

We come, lastly, to consider the means by which these various defects in our *Materia Medica* may be rectified.

Clearly, the task here implied would involve an amount of labour and responsibility, such as no one man, however well qualified for the undertaking, would be justified in assuming; moreover, the authority of no single individual would carry sufficient weight to command that general assent to his conclusions, that would be indispensable to render such a work useful and acceptable.

What I would therefore propose is this—that it be undertaken by a committee, to be called “The *Materia Medica* Committee.” This committee should be permanent, being recruited from time to time, as vacancies might occur; and it should be composed of men who, from their practical experience, literary attainments, and wide acquaintance with homœopathic matters generally, would inspire confidence, that whatever they did, would be thoroughly well done. Such men are not far to seek. An excellent committee of this kind might be formed from amongst our own body. It might, perhaps, be worth considering whether the co-operation of some of our zealous and accomplished American colleagues might not be enlisted. Should such an idea appear feasible, it might be ventilated in the interval between the present time and the Congress to be held in London next year, and which it is hoped will be honoured by the presence of many of our Trans-Atlantic brethren. The great obstacle to the adoption of this suggestion would be the distance between the two countries, and the consequent difficulty of holding that personal intercourse and interchange of thought, which would be almost indispensable to the successful carrying out of such a scheme. But, however constituted, the labours of such a committee would, I take it, fall almost naturally into three divisions, those, namely, of revision, reproof, and rejection, or, to use a more fashionable phrase, “eviction.”

As to the first, whilst a thorough reproof of all the articles in the *Materia Medica*, would doubtless go more directly to the root of the evils I have pointed out than



any less searching measure, such a proposal would, I fear, fail at the present time, on account of its herculean proportions. Moreover, in some respects it would be a work of supererogation, for, without undervaluing in the slightest degree the results of provings carefully conducted according to the Hahnemannian method, it is beyond a question that we are indebted to toxicology for the most valuable information we possess, respecting the actions of medicines on the healthy frame. Why is it that we prescribe *arsenic*, and *mercury*, and *nux vomica*, and *belladonna*, and many other remedies, with such unquestioning confidence, but that these medicines having repeatedly been taken, accidentally or intentionally, in poisonous doses, we have thereby obtained an insight into their deeper and more lasting properties, that could have been acquired in no other way? The symptoms thus obtained being already at our command, it would obviously be not only superfluous, but actually criminal, to attempt to reproduce them. In these cases, as well as in many others, careful and unflinching revision would answer all reasonable purposes. Every medicine should undergo this ordeal, with a view to the weeding out of all doubtful and frivolous symptoms, and the erasure of all vain repetitions. Those characteristic symptoms only that mark a distinctly elective affinity of particular medicines for particular organs, should be retained, whilst all those that do not bear this stamp of truth, should be ruthlessly rejected. Such a winnowing as this would blow away a cloud of useless symptoms, and would bring out the characteristic features of our remedies in such bold relief, that we should be able at once to distinguish them from each other, and judge of their peculiar sphere of curative action; whereas, as they now stand in our books, they look so much alike, that it is exceedingly difficult to detect their points of difference, and say why any one of them should not equally cure any, or all, diseases.

This, then, would form the chief object of revision.

As to reproving. Since Hahnemann's time, our *Materia Medica* has been enriched with some valuable remedies, the pathogeneses of which are full and clear; and they have, moreover, earned a solid clinical reputation. These, as a matter of course, would undergo revision, like the older remedies. But, there are some few others, which, whilst



their provings are very imperfect, and their pathogeneses only fragmentary, have nevertheless evinced valuable curative properties, sufficiently marked to warrant the hope that still further and more thorough investigation, might justify their retention amongst our recognised remedies. These should undoubtedly be carefully reprovèd.

Again, there are others that have found their way into our *Materia Medica* on very questionable grounds. Their provings are of the most superficial kind, and the symptoms elicited are for the most part simply such as any repulsive or noxious agent, taken into the stomach, would naturally produce:—headache, nausea, gripings, purgings; the first efforts, in short, of the system to rid itself of a disagreeable intruder. I will not say of these provings that what is true is not new, and that what is new is not true; we may, however, safely assert that they teach us nothing new that is worth knowing.

Then, again, there are other substances that have received no proving whatever, but have been admitted solely on empirical grounds; whilst lower still in the scale we come upon drugs of which we know nothing but their names. These have been tested neither physiologically nor clinically, and it is difficult to see the reasons that can have induced Dr. Allen to admit them into the company of homœopathic remedies. These, as well as a number of others that look imposing in the books, but are comparatively useless in the sick room, might with advantage be thrown overboard. Those that remained would be amply sufficient to vindicate and extend the reputation of homœopathy, and quite as many as ordinary mortals could acquire a thorough knowledge of, and handle with skill and success.

To the one or the other of these eliminating processes, viz.—revision, reprovèd, or ejection, every article at present in our *Materia Medica* should be rigorously submitted.

And as to the future, no medicine should find its way into our *Materia Medica*, that had not undergone such searching and repeated physiological and clinical testing, as should satisfy the proposed committee, under whose sanction alone it should be recognised as a homœopathic remedy. By these measures, not only would our *Materia Medica* be protected against mushroom growth, but it would enable



us to effect the special object I have had in view throughout the foregoing remarks, viz.—the construction of an *AUTHORISED Materia Medica Pura*; a work to which homœopaths could appeal with confidence: a work on which they could lay their hands and say, “This at least is genuine; every one of these medicines has been thoroughly proved; every symptom here recorded is a reality. By this I am prepared to stand.”

How invaluable such a work as this would be it is needless to suggest. It is equally needed by ourselves, and by the professional world outside our own small circle. We know that the old school is becoming leavened with homœopathic ideas, and that homœopathy, of a spurious and most imperfect kind, is being extensively practised. How could it well be otherwise? Where is pure homœopathy to be learnt? It is true we have lectures—excellent lectures, for those who can attend them—but the busy practitioner—and it is he who is picking up odd bits of homœopathy—cannot attend lectures; and there are repertories, very useful and indeed indispensable books; and besides these there are other works of great merit, intended to guide the student through the mazes of symptomatology; but, based as these all are on our present imperfect *Materia Medica*, they cannot but partake, more or less, of its imperfections. What is required is a thoroughly good *Materia Medica Pura*—pure in the truest sense of the word—setting forth truthfully and honestly those medicines, and those only, that have been exhaustively proved, and recording only those symptoms—be they few or be they many—concerning whose genuineness there can be no shadow of doubt. Whatever else we may have in the way of books, first and foremost let us have a work of this kind, on which we may all rely as the very foundation of our system.

I am aware that isolated efforts have, from time to time, been made in this direction; but they have failed to exert any appreciable influence upon the homœopathic body at large, simply because, however good in themselves, they have been only individual efforts, and have been wanting in thoroughness, and in that weight and authority that would attach to such combined action as I am advocating.

These remarks remind us irresistibly of the irreparable loss homœopathy has just sustained in the death of one who laboured more zealously and more successfully in this



field, than any other man of our time. I allude to the venerable Constantine Hering. He died ripe in years—rich in a great reputation. Few men are permitted to labour so long; fewer still to do so much, and to do it so well. May his memory be cherished with the respect and gratitude that are the rightful heritage of a life spent in the cause of suffering humanity!

I am quite alive to the magnitude and difficulty of the task I propose, as well as to the difficulty of getting a number of men to act in concert in such an undertaking. But, that these difficulties need not be insurmountable, is amply proved by various instances to the contrary: notably so, by the Commission that is now revising the sacred volume; and, amongst ourselves, by the labours of the Hahnemann Publishing Society, and by the production, by a Committee of the British Homœopathic Society, of our *Homœopathic Pharmacopœia*. The great success of this work, both literary and pecuniary, naturally points to the same Society as the proper and most fitting body to undertake the revision of our *Materia Medica*. It possesses all the requisites for such a work, and I commend it to the serious consideration of the members.

It is so serious and delicate a matter to interfere with old established customs and institutions, and involves such heavy responsibilities, that, at the risk of wearying you, I must take leave to fortify my present proposition to overhaul our *Materia Medica*, by quoting the opinions of men much better qualified than I am to speak on the subject.

Dr. Hale, of Chicago, is very emphatic in his language. In the introduction to his *New Remedies*, he says, "He who undertakes to write a *Materia Medica* which shall come up to the high standard necessary to meet the scientific requirements of the Homœopathic School of Medicine, has before him a really Herculean task. The work, even, of expunging worthless symptoms, will compare with the cleansing of an Augean stable."

Again, the late Dr. Hempel, than whom few men have been better acquainted with our *Materia Medica*, says, "For years past it has been my opinion that the existing practice of homœopathy did not by any means realise its claims to the character of a clear, positive, and certain science; that the homœopathic *Materia Medica* is filled with a number of unreliable, and, therefore, useless



symptoms; that a number of substances have been introduced into the *Materia Medica* which are not, properly speaking, drugs, and cannot, therefore, be treated as remedial agents in the common acceptation of the term; and that the high purposes of our art, and the interests of our patients require a simplification of the materials with which the homœopathic physician has been obliged to work heretofore."

Dr. Sharp, in one of his essays, says, "Hahnemann's *Materia Medica* is a huge curiosity shop, in which are ingeniously displayed, upon their respective pedestals and tripods, all imaginable signs and sensations, whether tragic or comic, and in which all are doing their best to attract the notice of those who are willing to inspect them."

And Dr. Dudgeon, speaking of the distribution of symptoms into anatomical sections, says—*more suo*—"The Hahnemann scheme is as unnatural and artificial an arrangement of the features of many allied morbid portraits, as though an artist should paint a family group, arranging the eyes of all the members of the family in one part of the picture, all the noses in another, the ears all together, the mouths all together, and so on. From such a picture, correct though each feature might be, it would be a difficult matter for us to build up each separate portrait, and it is equally difficult for us to ascertain the various morbid portraits from the tableaux Hahnemann has presented us with in his *Materia Medica*."

And here let me remark that one of the first fruits of the revision I have suggested, would be the possibility of dispensing—to a very large extent, if not altogether—with this unscientific mode of arranging the symptoms; and, moreover, by striking out the useless symptoms I have indicated, you would make room for the registration of the real and permanent symptoms of medicines, in their natural order, and with their attendant circumstances, without which it is impossible to form a just estimate of their true meaning and value. This alone would be no small gain.

Let me assure you, in conclusion, that I have been induced to bring this subject under your notice, less from preference than from a sense of duty—for it is never pleasant to find fault. It may be that I overrate its importance; and yet it seems difficult to do so, when we reflect that it



involves questions affecting not only our convenience and success in studying homœopathy, but also the trustworthiness of the agents with which we wage war with disease. It appears to me, therefore, that we are doing justice neither to homœopathy, to ourselves, nor to the medical profession at large, in leaving matters in their present state. It is clearly due to all parties that we should present to the world this reformed system of medicine, of which we are the custodians and exponents, in as perfect a state as possible. How far it is from that at present, it has been but too easy to show. And let me add, that, whenever the task of rectification, on the lines I have proposed, or on any other that may be preferred, is undertaken—as sooner or later it must be—it must be entered upon in a strictly judicial and philosophic spirit, from which all partisan and sectarian motives and feelings must be religiously excluded. We are fond of declaring that we are physicians first, and homœopaths afterwards. I would venture to go a step further and say, that before both of these we are men of science, following only truth wherever she may lead, and prepared to offer our errors, prejudices, and predilections, a willing sacrifice on her altar, for the good, not of homœopathy only, but of medical science in general.

Since writing the foregoing, I have come across a passage, by the late Rev. Dr. James Hamilton, which, though of course not written in reference to our present subject, is yet so applicable to it, and describes in such felicitous language the kind of transformation I am anxious to see our *Materia Medica* undergo, that I cannot resist the temptation of reading it to you—premising, that the “master spirit” therein mentioned must be taken to refer to my proposed committee. It runs thus:—“We ought to be very thankful to anyone who makes a great truth portable. Our memories are weak. Like travellers in the desert, or amidst polar ice, we want to be lightly laden; and yet we must carry on our own shoulders the provisions and equipments required for all the journey. And some teachers have not the art of packing. They give out their thoughts in a style so verbose and prolix, that to listen is a feat, and to remember would be a miracle. Occasionally, however, there arises a master spirit, who in the wordy wilderness espies the important principle, and who has the faculty of separating



it from surrounding truisms, and reproducing it in convenient and compact dimensions. From the mountain of sponge he extracts the ounce of iodine; from the bushel of dry petals he distils the flask of otter; or, what comes nearer our purpose, from bulky decoctions, and from beverages weak and watery, he extracts the nutritious, or the fragrant particles, and in a few tiny packets gives you the essence of a hundred meals."

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ON THE PREVENTION OF HARE-LIP, CLEFT  
PALATE, AND OTHER CONGENITAL DEFECTS:  
AS ALSO OF HEREDITARY DISEASE AND CONSTITUTIONAL  
TAINTS BY THE MEDICINAL AND NUTRITIONAL TREATMENT  
OF THE MOTHER DURING PREGNANCY.

By J. C. BURNETT, M.D.\*

MR. PRESIDENT and GENTLEMEN,—I take the liberty this morning of calling a little special attention to a subject fraught with considerable interest to us as human beings, as men of science, as biologists, and as practitioners of medicine and family advisers.

Should this paper set you a-thinking, and call forth a discussion and an expression of opinion, and also elicit the experience of those grown grey in the service of scientific therapeutics, I shall learn much therefrom.

I cannot hope to do more than just suggest a line of thought, but in every exercise some one must start, and so I beg leave to address you a few words on the above subject.

When a good gardener puts seed into the soil, he takes care that it shall be supplied with whatever experience teaches him is conducive to its development and growth; he does so because he knows that the future plant can be thus modified while still in Nature's earthy womb; indeed, we may say the plant never gets beyond this stage of dependency, as it lacks locomotive power.

We all know how chemistry has been successfully applied to scientific agriculture; and any Hodge looking at a poor crop of wheat in a field will be shrewd enough to surmise

\* Read before the British Homœopathic Congress held at Leeds, September 9th, 1890.



that the manuring or tilling had been neglected. He knows full well from what he sees in his own cottage plot that the well-dunged carefully-tended portions bear the best crops, and that what there grows is not so readily affected by disease and drought by reason of its more sturdy growth.

Any country school boy knows that the poorest apples are on the neglected trees of hedge rows and of neglected grazed orchards, while the fine juicy ones are within the well kept garden.

Who has not noticed the scraggy, stunted appearance of the calves born of the kine that are turned out to common or forest after they cease to give milk; the future mother-cows lead a hard life, and get but poor sustenance, and their offspring are proportionately undersized and ill-conditioned, and have an ancient, wizened appearance generally.

Similarly, in the human subject, the child of the well-fed, well-worked, cheerful, happy woman, living in a sun-lit airy habitation, is at birth the finest specimen of its kind.

On the other hand, what a miserable sight do the newborn babes of our courts and alleys, and of the pampered, tight-laced, high-heeled, lazy, lounging, carriage-possessing women of the higher classes present! The extremes meet; the poor blanched creature, half-starved, over-worked, shut up in some close sunless dwelling, brings forth fruit very like that of her pale-faced, over-fed, under-worked, sofa-loving sister of the mansion and of the palace.

And nature is inexorable; look at our bills of infantile mortality if you do not believe it. It is well so; God ordained in his undeviating laws that the fittest should survive, and they do.

Clearly, then, *we may take it for granted that the development of the fruit within the womb can be modified for good and for ill.*

We need not mince the matter; the future human being is made up of four principal factors. First the maternal ovum; secondly, the spermatozoon of the father, which requires, thirdly, a suitable soil for its development and growth. The womb is this suitable soil. These three factors being given, the blood of the mother supplies the fourth.

In the entire plant and animal world, the choice of the seed and soil lies more or less within ken and control, and faulty specimens get a short shrift, while the more fit are



allowed to multiply ; or in a wild state the weak are crowded out by the strong, and thus the fittest survive.

In our stock breeding, the bovine and ovine species are well weeded of their faulty and diseased specimens by the butcher. That innocent individual, called the butcher, purchases the rickety or scrofulous calf of the honest farmer, and John Bull enjoys his *Kalb-fleisch* through the Norman medium of veal. Thus nature cares for the survival of the fittest of the bovine species.

With the human species it is very different ; faulty specimens of man may not be annihilated for the bettering of the race, and civilized life tends to the protection and fostering of the physically faulty, and hence to the deterioration of the race. This is one great reason why civilization tends to the destruction of society through a gradual deterioration of the race by the preservation of the weak from destruction under the reign of law, and by the collateral power of wealth.

In a savage state the weakling goes to the wall ; in a civilized state he may be very rich, and of ancient lineage, and then it becomes most important, from the particular standpoint that he should be married and beget offspring. This ramifies all up and down the various social strata. So in the end the barbarians are strong, and then numerous, and then they break in upon a highly-civilized community, and a reconstruction of society ensues.

It remains to be seen whether science and art will in the future be able to save civilized society from being overwhelmed by savage hordes.

The true source of national greatness is large families of healthy children ; these are the only true "fruits of philosophy." Those other "fruits of philosophy" are rotten at the core, and, like all rottenness, lead by the shortest road to annihilation, having here, however, a preliminary stage of bondage and servitude to the seed of the truly philosophically fruitful.

Surely it would be a strange philosophy that came in the mouths of ranting demagogues ; *fruit* is the means of reproduction : *Dawn of Destruction* is what they mean.

Mankind is moved to marriage from purely selfish motives ; the pairing takes place for almost every reason except for the physical bettering of the race. No doubt it is well so ; the production of the most massive members, or of the biggest brains, can hardly be the chief end of man.



Still nature works wisely in making us all, more or less, worshippers of physical beauty and strength; and when the period of motherhood comes nigh, perhaps no greater fear is known than that of ill-formed offspring. It may not be often expressed, but if you could look deep into the sacred secrets of the expectant's heart, you would know that many are the prayers that fly upwards for the great and blessed gift of a *perfect* child.

Is it all right?—Is it *perfect*?—is very commonly the first question one hears after the newling's *entrée* *au monde*.

To what does all this beauty-worship conduce? To the amelioration of the race. Many an important family has been saved from dying out by a supposedly ignoble *mésalliance*. The British aristocracy is recruited from the ranks of the commoners in more ways than one.

To pretend to inaugurate marriages on racial or scientific grounds is crooked; and although the good old institution known as the family doctor may now and then be asked about the physical desirability of a given projected union, still this is very rare, and when it occurs it usually serves as a cover for other and occult reasons. Therefore, the physician's *rôle* begins later on. We all know what it usually is.

But to-day I propose directing attention to a subject that has met with but comparative little notice—certainly with much less than it deserves. I mean the medicinal treatment of the human fruit, while still within the womb, for the cure of hereditary taints and for the prevention of deformity.

My attention was more particularly directed to the subject some six years since in the following manner:—

At the end of the year 1874 I was consulted by a gentleman about his children, the youngest of whom had double hare-lip. He had some confidence in homœopathic treatment, and was desirous of knowing whether there were any means of getting the wound to heal well after the operation for hare-lip that an able surgeon was on the point of undertaking. I recommended him the local application of *calendula officinalis* as an excellent and well-established vulnerary, especially to clean wounds. The operation took place, the gentleman used the *calendula* as directed, and the surgeon, a man of some experience, declared he had never before seen such a rapid healing process or such a



nicely healed surface in any of the cases of hare-lip on which he had operated.

The reputation of *calendula* (the common marigold) as a vulnerary is very old, but it survives almost exclusively in the homœopathic school, in which it is, as you all know, in daily use.

The next older child than the one operated on had, and has, a slight insufficiency of the upper lip; if it were a little worse it would be hare-lip.

Subsequently this gentleman consulted me in regard to his own health, and after the consultation the conversation fell upon his children, upon the excellent result of the operation, and the rapid healing of the wounded parts. Then regret was expressed, especially as the child was a girl, as of course the neatest scar can never constitute a perfect or pretty lip. At the best it is only passable, and not particularly unsightly.

Finally he said, "In case my wife should have another child, what would you expect the next to be like?"

I answered, "That cannot be determined; but taking all the circumstances into consideration, viz., that your first child is perfect, that your second child has only a slight defect in the upper lip, that your third child has double hare-lip, and that your wife was in apparently good health with these, all equally, I should expect the next to have hare-lip also, a little worse than the last, and perhaps even cleft palate."

He further inquired whether anything could be done to prevent it? My answer was, that I knew of no special experience on the subject at all, but as the body fruit could certainly be affected medicinally, I should think hopefully of properly directed medicinal treatment of the mother during pregnancy. I promised to do my best, and he said he would let me know if any further pregnancy should occur, and place the mother under my treatment.

The subject took hold of my mind, and I often animadverted upon it. Many remedies suggested themselves, and many plans of treatment; the one that found most favour with me was to be based upon specificity of seat or local drug affinity. I reasoned that any drug that would specifically affect the upper lip and palate might act as a stimulus to the part if coursing in the mother's blood, and thus bring about complete union of the bilateral parts. But an insuperable difficulty here presented itself, viz., I



knew of no such drug with anything like a strongly-expressed affinity for the part. Such remedies as *kalî bichromicum*, *aurum*, *iodine*, *mercury*, *natrum muriaticum*, *mezereum*, *phosphorus*, were thought of, but I did not feel the local affinity idea was workable here.

I then thought of tissue affinity or specificity of histological seat, as worked out in its fullest extent of late years by Dr. Schüssler, of Oldenburg, in regard to disease. I thought that a formative element of the tissue might be wanting, and thus condition imperfect development. If we grow wheat, we must supply its elements, as manure, to the soil, and if we grow tissue we must supply its elements in the mother's blood which is the food of the foetus: if the wheat just fail to finish the ear, we conclude formative elements are wanting; if the absolute concrescence of the bilateral parts of the human foetus just fails of completion, we may fairly assume that formative elements are lacking. So I thought. And in order to try to find out *what* was likely to be lacking, I went over embryology a little, and I will ask you to go over exactly the same ground as myself presently, by giving a short *résumé* of the development of the involved parts first, and then show how, and what remedy I diagnosed.

The surgeon who had operated on the little girl, and also the family accoucheur who assisted at the operation, were also consulted upon the hoped for possibility of preventive treatment in the then future; but these gentlemen laughed at the idea, and said the only thing for it was operation, prevention being out of the question.

But we may reflect upon the fact that it is not at all an uncommon thing in our hospitals, and occasionally in general practice, to treat a pregnant person suffering from syphilis very actively with *mercury*, and the results are on the whole very encouraging indeed; still, as far as I am aware, it is seldom that any physician attempts the intra-uterine treatment of any other complaint, and even here the *idea* has generally been to treat the *mother* only, or principally.

In thinking the matter over, and endeavouring to find some sound reason to guide me in the to-be-attempted preventive treatment of hare-lip, I was encouraged to hope for a good result from the recorded experience of a few homœopathic obstetricians who tell us of the successful medicinal treatment of the uterus and of the expectant



mother herself; for it seemed no great difficulty, theoretically, to modify the development of the foetus, which grows in the uterus and is fed with the blood of the mother, seeing that both the mother's blood and uterus can, demonstrably, be modified therapeutically.

Now, although I felt the idea of trying to prevent hare-lip with the help of *specificity of seat* in the ordinary homœopathic sense unworkable, still this lay in the nature of the case rather than in the nature of the thing generally. Thus in those liable to beget offspring with defects or deformities, or displacements of organs, or parts to which we have approved remedies with specific affinities for such organs or parts, we might, and undoubtedly should, find it of eminent service, and also of the careful application of the homœopathic law of similars; also of the tripartite pathology of Hahnemann; and of the constitutional states of Grauvogl, and perhaps, even of the *Remedia Universalia*\* of Rademacher.

But to return, let us examine the embryology of the parts involved in hare-lip and cleft-palate.

Biologists tell us that the face is originally formed of a middle portion proceeding from the forehead, or frontal process, and of a lateral portion on each side, derived from the superior extremity of the first visceral arch. These parts are at first separate.

The lateral and the inferior parts, destined to form the superior and inferior maxillary apparatus, are both derived from the first visceral arch, in which an angular bend appears; the part above this bend being converted into the superior maxillary mass, and that below it into the inferior maxillary apparatus.

The superior maxillary mass, in its growth, approaches the frontal process, and unites with it; a cavity being left between that process and the two superior maxillary masses, which becomes the nasal cavity. By the union of the superior maxillary masses (the superior maxilla and palate bone) of opposite sides beneath this cavity, the separation of the nose from the mouth by the palate is effected.

The mode of development of the face affords an explanation of the abnormal cleft palate, and the congenital cleft between the upper maxillary and the intermaxillary

\* A *Remedium Universale* is not a would-be panacea or cure-all, but one that hypothetically affects the universe of the microcosm, i.e., not an organ.



bone, and of those congenital fissures which pass between the intermaxillary and upper jaw, as far upwards as the orbital cavity. Congenital clefts of this kind are thus the *results of an arrest of development occurring during the primitive conditions of the parts.*

We may, therefore, infer that cleft-palate is due to lack of a due supply of formative material; the superior maxillary masses ossify indeed, but fail to unite in the median line. If so it will follow that if the requisite amount of formative matter be supplied soon enough to the maternal blood, it will be given off to the foetus, and tissue osseous union will take place, and deformity will be prevented.

But the skeleton may unite in the middle, and yet the soft parts fail to do so; and when this occurs with those of the superior maxilla, the deformity known as hare-lip is the result.

We may regard the basis of the upper lip structure as already differentiated into connective tissue, which is indeed the stroma of the whole body, and of all its organs. When, therefore, the soft parts fail to unite in the median line of the upper lip, and we get the ugly defect known as hare-lip, we may conclude that the development became arrested from a lack of one of its constituents *in developmental or functional power.*

All things considered, I concluded it was, in this case, *lack of lime-life.*

Then the next point was—which salt of lime? Here the psoric constitution of the mother pointed to *sulphur.*

My conception was not that there was an actual lack of lime as such, but rather a lack of assimilative or developmental power of the lime-function in the sense of Moleschott and of Schüssler, and that struma or psora (= morbid  $\pi$ ) was the hindering agent.

I therefore decided on *calcareo sulphurica*, and believing it was *quality* that was required, and *not quantity*, I determined on the sixth centesimal trituration.

This is how I diagnosed, theoretically, a remedy for *this case* of presumptive defective formation, and this remedy I made up my mind to give if the lady should come under my care.

A little time elapsed, and the husband appeared to inform me that his wife was believed to be *enceinte*. *Calcareo sulphurica*, 6th trituration, one grain night and



morning, was prescribed. The lady continued to take it till the end of the seventh month of the pregnancy, and during the last two months she took *lithium carbonicum*, and at full term *she gave birth to a healthy and perfect child.*

In due course a *second* pregnancy took place. The same course of treatment was adopted, and with the same happy result—viz., a *perfect child.*

Since this time I have kept the subject of the intra-uterine medicinal treatment of the human foetus before my mind; but my experience here has since been for the purpose of preventing, respectively eradicating, constitutional taints and hereditary proclivities. Cases other than those two, for the prevention of defect or deformity, have not hitherto come under my observation.

But this further experience of mine I will refer to again, as an interesting paper, published in the *Practitioner* for December, 1878, by Dr. Thomas P. Tuckey, of County Cork, Ireland, here claims attention. Dr. Tuckey is evidently an original thinker. This paper is entitled “On the Preventive Treatment of Cleft-palate and Hare-lip, and some further Remarks on the Relation of the Ovaries to the Sex of the Child.”

Our author tells us that his attention was directed some years ago to the remarkable success which has attended the Dublin Zoological Society in the breeding of lions, and the great immunity which animals born in their gardens, in the Phoenix Gardens, enjoy from various disorders and deformities to which the lion bred in a state of subjection is liable. The most remarkable of these diseases is cleft-palate, which lions in a captive state are very apt to have. Dr. Tuckey believes it was the Rev. Professor Haughton, when speaking before some public assembly, who drew attention to this fact, and stated that it was his opinion that the cause of the lions in the Dublin Gardens being born so unblemished was giving the mothers bones which they could crush. This fact very much impressed Dr. Tuckey, and as he happened to have under his observation a family of several children who were all, both male and female, the subjects of hare-lips, several of which cases were complicated with cleft-palate, he determined to speak to the mother, who was in poor circumstances, and ask her to let him know the next time she was in the family-way, that he might give her a medicine which would



prevent her next child having the same deformity as the others. The poor woman was heart-broken, taking her children here and there to be operated upon, and quite jumped at the idea, and promised faithfully to come and report herself the moment she believed herself to be *enceinte*.

This is the woman's family history :—

Mrs. H., aged 35, mother of six children. Every one of her children have had hare-lips, two have also had cleft palate. The disease appeared not to be hereditary, and she could not call to mind any of her family, or of her husband's family, who have had hare-lips. Is a fine strong woman, but has fearfully crooked eyes ; no other deformity. Has always had good health. Her husband, small, but strong and healthy, never has had any diseases while she has been married to him. He and she have both lived all their lives in the country. He is sober, and has always been so. Her first child had simple hare-lips ; no cleft in palate ; does not remember getting any frights when carrying her children.

A pregnancy occurred ; Mrs. H. presented herself, and the doctor prescribed the following mixture :—

R. *Calcis Phos.* 3j grs. 20.

*Calcis Carb.* 3j.

*Bicarb. Magnes.*

*Chlorid. Sodii.*

*Sodæ. Phosph.* ā ā ð grs. M.

To be added to an 8 oz. mixture composed of *gelatine*, *gum arabic*, *syrup of ginger*, and *cinnamon water* ; 3j three times daily.

As clefts in the palate and lip are said to be due to arrest of development prior to the end of the third month, Mrs. H. was at once put on this mixture, which is intended to represent a very rough analysis of the constituents of bone. In any future cases Dr. T. thinks he would grind up the bones of the head of some animal, and give some of the powder instead of the above elaborately constructed mixture.

The essential parts of this mixture are clearly the *lime*, *phosphorus*, and *magnesia*. The little poly-pharmaceutical performance of adding *gelatine*, *gum arabic*, *syrup of ginger*, and *cinnamon water* is not a little amusing.

But to return : The woman took the mixture regularly until the fourth month ; she went her full time, and was



delivered of a girl, without a trace of deformity about her lips or palate; the child was healthy and strong.

Hearing of this case, a Mrs. L. came to seek Dr. Tucker's advice. She was the mother of eight children, most of whom had cleft palate and hare-lips; in four of them the hare-lip was double, and more shocking objects of deformity he had never seen. One boy was perfectly repulsive. The woman believed herself pregnant, and was at once put on the mixture. She went her full time, bore a girl without hare-lip, indeed, *but who evidently had had one in utero*, for the lip, though united, was united *crookedly*, and one side was puckered up, as if by a slight and narrow burn.

This is, truly, a most remarkable and interesting case.

I must demur to the statement that the arrest of development occurring before a certain period necessarily involves the conclusion that treatment in the later months of gestation would be useless. This is a pure assumption, and based on normal observations. Here we have to do with arrested and *therefore retarded* growth, and hence the nutritional or medicinal treatment should not only be begun early, but continued to the end; and one begun late would still be hopeful of obtaining amelioration, if not of complete normality.

Again, there is an objection to the use of the bone, simply as the lips have not the same constituents as the bones, and in the same proportions; so if we are to give pulverised heads we must give the lips too.

But we, happily, need neither one nor the other; neither do we need any bulky, cunningly-devised mixture, with nasty or nice additions, to mystify, and obscure, and render our own observations open to objections.

Pure clinical experiment must be with one remedy at a time to be conclusive.

Thus I may object to Dr. Tuckey's proposition that the *phosphates* did the work in his cases, on the ground that the *tincture of ginger* acted as a stomachic, and strengthened his patients' digestions, so that they assimilated more food, and *thus* were the defects prevented. Another might attribute it to the *gelatine*; a third to the *alcohol*; a fourth to the *cinnamon*.

Then this polypharmacy prevents individualising, which is the soul of all true progress in scientific medicine.

I was once struck with the extreme beauty of a lady's children, both parents being rather plain, and found that



she had been in the habit of using a mixture of *phosphorus*, *iron*, and sherry during gestation to keep her strength up. Her own health was seriously injured by it.

I think it will be conceded that it is at least highly probable that the preventive treatment of congenital deformities and defects may be undertaken with good chances of success, and I venture to submit that this corner of the field of practical medicine is well worthy the attention and skill of all physicians, and also of all well-wishers of the race, lay as well as medical.

It will be of surpassing interest to the individuals and families more immediately interested, through having undesirable family proclivities.

There is here great scope for the tissue remedies, especially when dynamised, as it is likely to be qualitatively changed nutritive building material that is required.

No doubt the various cases of congenital defect and deformity differ essentially in their natures, and will require accordingly different remedial or preventive treatment.

This immense field lies fallow ready for the tilling talents of willing workers.

As soon as this is undertaken, facts will multiply, and reliable data will be at hand to guide us.

To draw a line of demarcation between the nutritional and medicinal treatment is not now possible. Undoubtedly some cases will require nutritional treatment solely; others will require medicinal treatment directed to the mother's constitutional crisis; in others, again, a debilitated generative sphere may claim attention. Or a presumable taint in the marital product may call for the principal intra-uterine therapeutic endeavours.

Here I may narrate the following observation. A lady patient of mine was extremely fond of liver during one of her pregnancies; at least once a week she would partake copiously of it—pregnancy fads are as old as the world. This lady was delivered of a very fine *child that had extensive pigmentation of the forehead*, such as we are wont to see in some ladies during gestation. This brown discoloration gradually disappeared from the baby's forehead in about four weeks. The mother's skin was also in parts very deeply pigmented, but not the forehead.

Hitherto we have referred more particularly to the preventive nutritional and medicinal treatment of defects and deformities; it has, we opine, a certain future.



Perhaps it will now be profitable to consider the subject of disease from the same standpoint.

To start with, we may not do amiss to realise the fact that we get, so to speak, a capital leverage for our therapeutical work, inasmuch as we have a number of months in which to accomplish it. We know from daily experience that numerous diseases can be cured by a *course of treatment* spread over a considerable period of time, but which cannot be modified to any great extent with any *one* given remedy. The various remedies follow one another like steps in a staircase, and they are all needful to reach the top.

Then we have the most favourable physical conditions. Our foetal patients are not exposed to change of temperature, but have a constant temperature in the best possible medium, and they are pretty sure to take their physic regularly.

Ever since my attention was arrested, as before stated, by the observations of hare-lip, I have sought opportunities of testing the truth of this theory—that the body fruit, while still within the womb, can be nutritionally and medicinally modified at will. Further cases of deformity have not presented themselves, but in general practice I have had some opportunities of observing the beneficial effects of the medicinal treatment of pregnant women for the prevention of various to-be-expected morbid states.

Thus, a lady patient of mine has a good many moles and warts on her person, and her husband a great number of warts, some very unsightly, on his. Considering the frequent observations that warts will, at a more advanced period of life, take on increased action, hypertrophy, and become epitheliomatous, their presence in an individual is not only æsthetically undesirable, but may become the source of positive danger to life; at any rate, they are ugly things at the best. Moreover, both of them are rheumatic and constitutionally strumous. This lady has passed through four pregnancies under my observation and professional care, and during each one I subjected her to a course of treatment with the most happy results. The four children were born with unblemished skins—wartless, moleless, and spotlessly pure.

It may be objected that the treatment had nothing to do with this purity of skin, as the interesting babes might



have been equally unblemished without any treatment at all. Of course I cannot *prove* the contrary—still . . . .

“Like genders like, potatoes tatoes breed,  
Uncostly cabbage springs from cabbage seed.”

My belief is, and it is based on observation, that those four children would in all probability have all been born with unsightly warts on various parts of their persons had the mother not been treated to prevent it.

The course of treatment followed was in this wise—*à peu près*.

*Sulphur*, generally in the sixth, twelfth, or thirtieth dilution (by preference the last-named) was given as the most certain anti-psoric. This was granted time to act, and then followed *thuja occidentalis* as the anti-sycotic *par excellence*. Lest any specific taint lay in its history, *mercurius* was given. The lady's teeth are very carious, and hence *acidum fluoricum* was given for a while; the children have thus far sound toothie-peggies, and teethe normally and without any mediævally superstitious gum-lancing.

*Apropos* of gum-lancing, if those who still adhere to this barbarous practice would just work up the indications of *aconite*, *belladonna*, *ferrum phos.*, *kreosote*, *calcareæ carb.*, *calcareæ fluorica*, *silicea*, *phosphorus*, and the like, they would soon have, as I have, a *very* rusty lancet, and a very grateful heart, that they no longer need to pain the poor bairns and constitute themselves dreaded objects. Moreover, they would soon satisfy themselves, after a little careful observation, that the gums are not the offending parts, but the unfinished, abnormally constituted *teeth*, and a morbid something lying behind and beyond in the constitutional crisis. *Sapientibus sat*.

A lady, mother of several (five) children, was under my treatment for a chronic internal skin affection; her husband had formerly been successfully treated by me, for psoriasis of lower extremities, with *arsenicum*.

The last baby I had treated for eczema while still at the breast, and when it was vaccinated the arm became very seriously inflamed, and the object of anxious care and medicinal treatment. All the five children had had, I was informed, something wrong with the skin, and every scratch with them festered.



The sixth pregnancy occurred, and I treated the lady during the greater portion of it. The principal remedies used were *psorinum* 30, *sulphur* 30, *calc. sulph.* 6, and *juglans cinerea* 1.

The child came in due course; every thing was normal, and the little manikin was the finest of the lot, and remained for two years with a pure skin, and the vaccination caused no inconvenience. All the other children had had cutaneous affections before they were a year old, and some of them proved altogether intractable.

The child passed from my observation then, but I have heard that it now has "something on its arm," but what I do not know. Supposing it to be a cutaneous affection, the result of the preventive treatment would be that it remained free for the first two years of its life; and, moreover, it is by far the finest and handsomest of the six children.

Of course I cannot *prove* that it would have been otherwise if the mother had had no treatment at all.

It was once my duty to treat a conjugal pair, each for the *morbus gallicus*, that admittedly was a marital acquisition. A pregnancy occurred while only too many unmistakable symptoms were objects of treatment. During almost the whole of the pregnancy the lady was persistently treated with *mercurius*, *aurum*, *stillingia sylvatica*, and the like, with an occasional pause. The usual term of utero-gestation resulted in the birth of an apparently perfectly healthy spotless child, and, as long as I observed it, it remained so.

No doubt other practitioners are in the habit of treating pregnant women for various ailments, and will be able, from longer experience and greater opportunities than mine, to give more striking examples of its efficacy in regard to the mothers, and perhaps also *quo ad* the offspring.

Having thus gone rapidly over the subject of the prevention of defect, deformity, and disease by the intra-uterine medicinal and nutritional treatment of the pregnant person during gestation, it only remains for me to apologise for the meagreness of the practical suggestions I am able to offer in the few minutes allotted to me for this paper, and to express a hope that you will freely add hereto in the discussion which is to follow, so that it may be said that I merely give out the text and you, gentlemen, preach the sermon.



## DISCUSSION.

The President briefly referred to the interesting and important subject Dr. Burnett had brought before the Meeting, and requested observations from members.

Dr. BAYES: Gentlemen, we feel obliged to Dr. Burnett, not only for the excellence of his paper, but for the cheerfulness which it has diffused amongst us. His paper is full, not only of great practical wisdom, but exceedingly full of wisdom put in a very facetious and delightful manner. I have been in the habit of recommending patients under similar circumstances to those mentioned by Dr. Burnett, to eat plenty of whitebait on the principle advanced by him, as well as to correct any constitutional defect they may have. In whitebait I need not tell you we get a good deal of *phosphate of lime* in an agreeable form. I name this as a practical matter to my younger brethren. It is a very pleasant way in which to give *phosphate of lime* to children or their mothers. The remarks of Dr. Burnett fully commend themselves, and must commend themselves very strongly to all who have looked at the subject from a practical point of view,—that during the formation of the child it is extremely important that all constitutional defects on the part of the mother should be made the subject of treatment. We have all seen (as he has named) cases of hereditary syphilis cured, and a healthy offspring obtained by treating the constitutional syphilis that passes through the mother's blood. But one curious point is that it may not be always the fault of the mother. I knew one such case, the case of an extremely healthy young woman. After two or three of the children had presented signs of syphilitic taint, on consulting with the husband I found that, although at the time he appeared to be a very strong and healthy man, he had, previous to marriage, been afflicted with syphilis to a slight extent. By treating the mother in this case, all the subsequent children were exceedingly healthy.

Dr. NANKIVELL: It is very difficult, I think, sir, in a paper like that which Dr. Burnett has read to us this morning—however interesting, and it has been very interesting and very suggestive—to eliminate from one's mind the fact that the influence the mind may have is a considerable factor in relation to the point under discussion. The mothers knew they were taking the medicine during the whole time of pregnancy. They also knew the purpose for which they were taking the medicine, and we may be pretty sure the nervous influence of the mother was in that way cleverly and unconsciously brought into play by Dr. Burnett in the direction of the future healthy offspring. That is a point, I think, which we cannot exclude, especially in cases of malformation.



Dr. BURNETT : How about the lions ?

Dr. NANKIVELL : The lions, allow me to say, in captivity are not in a healthy condition at all, and by giving them crushed bones you merely restore to them their normal food, and I think they are not exactly on an equal footing with the ladies that Dr. Burnett and Dr. Tuckey treated. They are interesting, no doubt. The point I wish to suggest to the meeting, and also for Dr. Burnett's consideration, is that in the case of the woman the mental influence, the nervous influence, may have had a considerable share in bringing about the advantages ascribed to the remedy, and also, if we are to bring in the lions and their food as a parallel point, we may say, by giving crushed bones to the lioness, we merely restore her pretty much to her natural food; and also that if we compare the lion's crushed bones with the remedies which Dr. Burnett prescribed, we cannot see that there is any exact connection between the two. The one, as he says, is a tissue remedy; it was certainly not supplying to the woman an appreciable amount of *sulphate of lime*; while the other was the restoring to the diet the aliment which was decidedly wanting.

Dr. DRYSDALE : I think we might eliminate the nervous part of it altogether, as that is exceedingly problematical, but I think there can be no doubt that remedies ought to reach the foetus. Why not? They are conveyed through the circulation; they are for syphilis and small pox and other things, consequently we might confine our attention to the infective part of the question. We have no reason to doubt that the foetus is an extremely proper object of treatment, therefore I think Dr. Burnett has done the greatest service in bringing that subject to our attention.

I have impressed upon pregnant women the necessity of being treated, not only for themselves, but for their offspring.

With respect to the healing of a peculiar malformation, we have many things to consider. It may come from the father, it may take place at the moment of conception. If we find the defect is on the father's side, no treatment will do any good except before conception; but if on the mother's side, it is possible we may reach the defect of development during the foetal stage before it has come to its conclusion. It is possible that we do this in hare-lip. I have had a case lately of open foramen ovale of a baby which is now six months old; and I have encouraged the parents to go on with treatment, as the development process may be still in progress, and it may be inclined to close.

But with respect to the choice of the remedy. I think there is a difficulty here, whether homoeopathic or not. The experience



of the lions is against that. If they are deficient of bone earth, or other earth—if some constituent of the body was defective that caused this particular defective development—that we naturally restore; but it is not homœopathic at all in that case so far as I can see. The consequence is we give the largest doses and let them take their chance. If homœopathic, the bones ought to cause hare-lip and cleft palate. I am not aware that such has ever been observed, therefore we cannot say it is homœopathic, and the experience of the lions would rather go against the homœopathicity. If we can do it by means of restoring the nutriment, we must do it as is the case with the lions and this would practically lead us to the conclusion that we should not trust to any Schüsslerian or other theory. Tuckey's plan of giving the most inorganic aliments may be the best.

Dr. DYCE BROWN: I quite agree with Dr. Drysdale in thinking Dr. Burnett's paper one of extreme value. Dr. Burnett's special sphere, if I may say so, is to work up out-of-the-way topics, and this he does with much ability; and the great beauty, I think, of his paper to-day, is, that it brings before our notice a point one is apt to pass over as unworkable by medicine. Prejudices are very strong; one is apt to consider certain points in disease as unamenable to treatment, and such points Dr. Burnett has, once and again, brought before our notice, as in his admirable work upon the curability of cataract, which is too often left untreated. So here, although the facts that Dr. Burnett brings forward may not be sufficient to prove that such defects can be remedied by treatment—to prove it certainly,—yet there is sufficient suggestive evidence on the point to make all of us work out the subject more fully, and pay more special attention to it; for by the accumulation of a number of facts one can make something like a proof, though not by two or three. Still two or three cases are sufficient to suggest a possibility, and to oblige us all to make use of the suggestions in practice. As to Dr. Drysdale's view that the treatment is not homœopathic, it is quite possible that in the case of the lions, it may not be so, because there they are in captivity. They are not in a healthy condition, and, the food being given to them, which they had not when they were in an unhealthy condition, brought about a healthy state afterwards. But the analogy may not altogether hold good with regard to the human subject—the woman,—because we all know that diseases—produced by defective nutrition—may occur notwithstanding the full amount of nutritious matter is taken in the way of food, the defect being in the assimilation. So I think here it is that the action of minute doses can be shown antipsorically—or whatever phrase we may choose to use for it—upon the disease of the mother,



enabling her to assimilate the proper quantity of food, at all events such a quantity as will bring about such a healthy nutrition as will remedy the defect of the offspring. I therefore thank Dr. Burnett heartily for his suggestive paper.

DR. GIBBS BLAKE: I quite agree with Dr. Drysdale in his remarks about the treatment of these cases, and one point particularly seems to me worthy of recognition, that is, that the lions and the ladies are very much in the same position with regard to the nutrition. We know perfectly well as a rule, when whitebait is taken, and so many opportunities of lime and silica are lost in the civilised state, that the two are much more alike than at first sight appears, and the absence of the lime salts in that way may bring the two much more into accord than at first sight appears. On that account it seems to me much more a matter of nutritional treatment than anything else, and that so far of course it is not homœopathic. Still of course that opens up a broad question. We are continually using and finding very good results from lime salts in everyday experience in high potency under circumstances of teething, especially for which many give lime in bulk, and I think the case is one that is not capable of solution with our present amount of knowledge.

DR. HAYWARD: Mr. President, this is a very interesting subject indeed. I am prepared to fall in very much with Dr. Burnett, and to believe that the defects alluded to are specific, and not nutritional, that it is not, as Dr. Burnett remarked, osseous matter that is wanted in these cases but the stimulus of the nutritional processes going on in the tissues. The nutritional power is defective, and it wants its pure and true specific. I think that may be found in the medicinal preparations rather than the dietetic. We find that idea is supported in reference to other defects, for instance we find in children very marked effects of the syphilitic poison which affects the bones; we notice in children marks of a syphilitic father in the teeth. Now we do not cure that and make perfect teeth by supplying *calcareo* but *mercury*. That will in the next child prevent the marks on the teeth without supplying any more *calcareo* for the teeth. It is done by merely supplying the nutrition to alter that nutritional defect produced by the specific poison. This brings me to an idea that supports the necessity for continued treatment. The syphilitic has been referred to by Dr. Bayes. It may be in the mother, or it may be in the father, and if it is supplied by the father, we may say, with Dr. Drysdale, that the primary supply ends, but I am afraid it does not. Many instances occur to my mind of syphilitic fathers, and the influence on the mother and the offspring continuously in different pregnancies, but I have also noticed that in treating the mother



sometimes we are not able to treat the father; the father escapes from our treatment. If we insist upon his coming under it, it is for a short time only—the evil goes on, and I notice it is very difficult in these cases to cure the mother when the father is left untreated. But if the wife becomes a widow, then the treatment seems to tell more permanently. Now that indicates that a supply of the poison is kept up by the husband. I think if we look at it from this point of view we shall find that it is not a matter of nutritional elements being supplied, but real specific treatment being used.

DR. REED, in complimenting Dr. Burnett upon the original character of his paper, said that there was no difficulty in believing that medicine given to the mother during the time of gestation affected the child, and thought if we wanted to produce an impression upon the child we must just treat the mother as if we were treating the child.

DR. HUGHES: Dr. Burnett, Sir, has started such a very valuable and interesting conversation upon an important subject, that I think any fact in relation to it, which has come under our observation, should be contributed as another stone to the edifice of which he has laid the foundation and begun to rear.

Any of you who have read the work by Dr. von Grauvogl may remember his observations about hydrocephalus. He discusses the nature of that disease, and argues that it arises from an imperfect formation of the skull—that the bones remain too long open—the serum accumulates in the brain and leads to effusion. It is a nutritional defect. It is not dropsy as other dropsies are. Upon that view he not only treats the child that comes under his notice—as we all do—with *calcarea* and such medicines, but he adopts the plan of treating the mothers whose children have been subject to hydrocephalus during their pregnancies, and he mentions the most satisfactory results from their treatment. That is quite of a piece with Dr. Burnett's experience of mothers with their hare-lipped children and the *calcarea sulphurica*. Another case came, not entirely under my own personal observation, but was a case which my dear friend Dr. Madden was treating, and which I had the opportunity of treating in conjunction with him 10 or 12 years ago.

A beautiful girl, in a family he had long attended, married. The gentleman was supposed to be all that was right. She had two miscarriages, and after that a child was born, but within a few weeks of birth unmistakable signs of syphilis arose. The case came down to Brighton. We treated it jointly. It was one of the most severe constitutional cases of syphilis I ever saw. We could not tell the mother what the fact was, and so break her domestic peace, but we told her that there was some serious con-



stitutional defect which rendered it necessary she should be treated. Dr. Madden adopted a plan (which seemed to me very ingenious) for her treatment the next time she became pregnant. He did not treat her merely in a specific way by giving her *mercury* all the time of her pregnancy. He looked up his embryology and endeavoured to ascertain at what time in the course of gestation each organ became developed. He then studied his organ remedies, and treated the mother during that time with the particular specific, always bearing in mind the syphilitic taint, just as Hahnemann would have us take the anti-psoric remedies and individualise them in relation to their particular patient. Carefully and thoughtfully he treated the patient all through her next pregnancy, and she bore a healthy child.

Dr. BAYES: May I be allowed to say, for the information of Dr. Hughes, that the children have not remained healthy.

Dr. HUGHES: I did not know that.

Mr. PORTS (Sunderland): We have all seen a great deal of the syphilitic taint in mothers and their children, and we have seen the effect of it upon mothers during their pregnancy, but few of us perhaps have had the opportunity of treating a mother with the view of preventing cleft palate in her offspring, and for that reason I for one am very much obliged to Dr. Burnett for the paper which he has read.

Dr. DUDGON: Mr. President, the paper which Dr. Burnett has read, and which has created such a pleasant discussion among us, and put us into such a good humour, shows that a great many influences are at work in the production of children, whether well formed or defective. Now, Dr. Burnett mentioned the bad children that were produced by seamstresses confined in their garrets, and by ladies confined to their carriages and high-heeled boots. Well, there are other things that cause imperfect children. We must consider whether the case before us is one of defective nutrition, or of some syphilitic or other constitutional taint, or whether it is a case which has been produced or influenced by the effect of the imagination. Dr. Nankivell has well remarked that the influence of the imagination upon the foetus is too well known to be doubted, and almost every person has in their ordinary experience or reading come upon cases where the imagination of the mother upon the foetus has been very well shown. Now it is doubtful, from Dr. Burnett's cases of hare-lip, whether the influence of the imagination on the mother may not have had as much to do with the production of her hare-lipped children as any defect or constitutional infirmity; in fact, he says that the mother and father were apparently healthy; but a woman having given birth to a hare-lipped child, naturally her imagination would be so much affected that it is quite probable, and not at all a matter of wonder, that she may



produce other hare-lipped children. Now Dr. Burnett, by giving her treatment which he, with more or less confidence, told her would produce a perfect child, acted powerfully upon the imagination of the woman, and she believed, no doubt, that the treatment she was undergoing would have that effect, so there is this element here to be taken into consideration. Probably Dr. Burnett gave her some regulations as to diet and exercise, and that sort of thing. He shakes his head at all those observations of mine. So I am afraid Dr. Burnett very sadly neglected his duty if he gave no directions to the lady as to her diet and regimen.

Dr. BURNETT: There were none needed.

Dr. DUDGEON: However, we must consider all these things, and I think in endeavouring to prevent hare-lips, and the like, occurring in defective families, we should not have only one iron in the fire, but many. Dr. Burnett confined himself apparently to giving the medicine without trying to affect the imagination or diet of the person. I think we should not confine ourselves to giving the medicine we believe to be specific, but do as Dr. Bayes recommended, give food which we think may supply the defective nourishment. There is only one objection to Dr. Bayes' whitebait, that is that it is only in season from March to August, so that during all the rest of the year his poor patients must go without it. However, I think he may find a very good substitute in a very nutritious and very moderately priced article of diet called sardines, which contains all the bones of the fish, and also a quantity of oleaginous matter which is very nutritious, and when it agrees with the patient I think will be found to answer quite as well as the whitebait. Supposing one were to look for some recondite article of food, which would not only act nutritiously but homœopathically, we might advise both father and mother to take a plentiful supply of hare-soup (laughter).

Dr. MADDEN: Before Dr. Burnett replies, I should like to ask him to answer one question. He has given us a good many interesting cases of success. I should like to ask him if he has not had any cases in which he has endeavoured to modify the nutrition of the infant, and has failed?

Dr. BURNETT: In answer to Dr. Madden's question, I may say, I have only met with these two cases.

Dr. MADDEN: I do not refer to hare-lip only, but to the modifying of the nutrition of the infant in all ways.

Dr. BURNETT: Of course I have met with non-success. I took cases of success that occurred to my mind to bear out the theses that I sought to advocate—i.e., that the foetus *could* be modified, that is all. I had not the pretension to show how it could be done, neither do I maintain that the cases in question were cured by the *calcareo sulphurica*. I distinctly said that I could not prove that; but, I



think, had I done what Dr. Dudgeon suggests, it would rather have mystified the thing still more. He makes it a reproach to me that I did not give other directions; that would have been mixing the thing up. I might say I did not see the woman personally, her husband fetched the prescription. I made no alteration in diet, and none in place of abode, and gave her no directions what to take beyond the powder (I believe it was one night and morning) which made the experiment as pure as it was possible to make it. If I had said "take also this, that, and the other" it would have had no value whatever. In the title of the paper I speak of medicinal and nutritional. Of course I cannot have the pretension to distinguish between the two. In preparing the paper I merely had the idea that I could just start the stone rolling, and that I might learn much more from you than I could hope to suggest to you. I think my object has been attained, and I beg to propose that we now adjourn to a nutritional exercise.

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## REVIEW.

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*On Asthma, its Pathology and Treatment.* By J. B. BERKART, M.D. London: Churchill. 1878.

THIS work having been sent to us for review, we have much pleasure in noticing it, press of matter having prevented us doing so sooner.

This treatise on a disease, the causes and pathology of which have elicited so many theories, is a very able one. Dr. Berkart's views on the pathology of asthma are original, and probably correct. His discussion of the prevalent views held on this point is exhaustive, and the arguments in favour of his own view are cogent and convincing. It is well worth the study of all who wish to be *au fait* with the most recent views in the pathology of this disease. His general recommendations as to treatment are excellent, but his remarks on the use of drugs for relief and cure would be more to the point, were he acquainted with the law of similars, and the knowledge of drug-action which acquaintance with this great law necessarily involves. Thus, while praising the use of *arsenic*, he considers it an "erroneous supposition that *arsenic* exerts a specific influence on the respiratory organs," a fact which is placed beyond doubt when one carefully studies the pathogenesis of this drug.

When one remembers that over-doses of *arsenic* cause nausea, vomiting, and much gastric irritation, it is remarkable to find a writer pen the following passage, and yet have his eyes shut to the homœopathic action of at least this medicine:—



“ Thus in these (p. 251), and doubtless in other cases, *arsenic in medicinal doses* [the italics are ours—Eds.] owes its virtue to its properties of 1, arresting fermentation; 2, *stimulating the appetite and assisting digestion*; and 3, improving the general nutrition. The irritation which it produces in the gastric mucous membrane gives rise to a pleasant sensation of warmth in the stomach, and to a feeling akin to hunger; and as its presence in no way interferes with the action of the saliva, nor with that of the gastric and pancreatic juices, the food consumed in larger quantities is also completely digested. There is, moreover, according to Vaudrey, a copious evacuation of pultaceous stools—a circumstance that probably accounts for the freedom of respiration generally experienced” (!) *Sulphur* Dr. Berkart names, but does not seem to have tried, and the sulphurous waters of the Pyrennes he considers benefit patients by the warmth of the water and the climate; and why? Because of the small dose of *sulphur* contained in these waters. “ Even the richest amongst them, Bagnères, contains only one grain of that ingredient in 16 ounces of water, of which the dose varies from one tablespoonful to three ounces twice a day” (page 237). Perhaps Dr. Berkart may some day discover that much more minute doses than this of *sulphur* produce marvellous changes in the economy in the way of cure of chronic diseases. *Sambucus, ipecacuanha, tartar emetic, lobelia, stramonium*—all homœopathic remedies, are of course noticed. If Dr. Berkart could be induced to study the Materia Medica, keeping before his mind the possibility of the truth of homœopathy, he would be surprised to find how many of the medicines systematically employed by the old school for asthma act on the principle of similars.

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## MEETINGS OF SOCIETIES.

### THE BRITISH HOMŒOPATHIC CONGRESS.

THE annual gathering of British Homœopathic Practitioners for 1880, took place at the Great Northern Railway Station Hotel, Leeds, on Thursday, the 9th September, Dr. Yeldham, of London, presiding.

The assembly included, amongst others, the following gentlemen:—Dr. Bayes, Dr. Dudgeon, Dr. Pope, Dr. Burnett, Dr. Dyce Brown, Dr. Powell, Dr. Wheeler, Dr. Black (London), Dr. Drysdale, Dr. Hayward, Mr. S. H. Blake, Dr. Hawkes, Dr. Moore, and Dr. Simpson (Liverpool), Dr. Proctor (Birkenhead), Dr. Gibbs Blake and Dr. Madden (Birmingham), Drs. Drury and Nankivell (Bournemouth), Dr. Ramsbotham (Leeds), Dr. Hughes (Brighton), Dr. Reed (High Wycombe), Dr. Moir



(Manchester), Mr. Potts (Sunderland), Dr. Maffey (Bradford), Dr. Cyrus Clifton (Northampton), Dr. Roche (Norwich), Dr. Scott (Huddersfield), Dr. Owens (Leamington), Dr. Nield (Plymouth), Dr. Kennedy (Newcastle), Mr. Nankivell (York), &c.

The PRESIDENT, after a few introductory remarks, in which he expressed the hope that the proceedings would be distinguished by harmony and enthusiasm, read the ADDRESS, which will be found at page 581 of our present number. At its conclusion

Dr. POPE said: Gentlemen, I have been requested to ask you—and I do it with the greatest pleasure—to join me in offering to Dr. Yeldham our very hearty thanks for the address which we have just listened to. In so doing it is quite unnecessary for me to say anything, except to appeal to you to endorse the statement which Dr. Yeldham quoted at the beginning of his address. I think that the anticipation that we should, during the hour, have the results of 50 years of practical experience, has been abundantly justified. I do not say that we have had all the results—I never anticipated that we should have a fiftieth part of them, but I think what we have heard has resulted from careful observation and large experience. Dr. Yeldham has shown us that there is, between the elderly homœopathic physician and the elderly allopathic physician, in the matter of drugs, a certain degree of analogy, for we have all heard of the physician of some 40 years ago, who said that when he began life he had 50 remedies for every disease, and now that he was winding up the story he had hardly one remedy for 50. Thanks to homœopathy, Dr. Yeldham is not now so poverty-stricken as that, but he has evidently sorted down the medicines he has had to deal with, and he has restricted himself to the best of them. The revision he has spoken of is a very important matter, and though not intending to dwell upon it, I would wish to say this—that I think a beginning was made about 80 years ago, and it has already been carried to the extent of four medicines during that time! that is, one medicine for every  $7\frac{1}{2}$  years, but if the work has been slow, it has been done thoroughly well, and I can wish nothing better than that the Hahnemann Publishing Society should get men, who are willing and able to work, to study a series of our best medicines after the manner that Dr. Drysdale has done the *bichromate of potash*; Dr. Black, *arsenic*; Dr. Dudgeon, *aconite*; and finally Dr. Hughes, *belladonna*.

I ask you, gentlemen, to join in offering a very hearty vote of thanks to Dr. Yeldham.

Dr. HUGHES: I have much pleasure, gentlemen, in seconding this vote of thanks to Dr. Yeldham.

I would just say that Dr. Yeldham's address illustrates very well what I ventured to bring before you at the Liverpool Con-



gress, under the title of the Two Homœopathies. There was a great deal in Dr. Yeldham's address which an ardent disciple of Hahnemann in the latter 20 or 30 years of his life would listen to with objection. He would dispute many of Dr. Yeldham's positions, and think he was unduly limiting homœopathy. But on the other hand I think that all of us—whatever our views may be—who have listened to Dr. Yeldham to-day, must feel that he is a true disciple of Hahnemann as Hahnemann essentially was; that though he may object to many later developments of his system, and many additions which he made to it, yet to the essentials of homœopathy he is as loyal and faithful as any one of us can be. He sets forth an intelligible, definite system of practice. The other school would call him a "specificer," and look upon that as a title of reproach, but I think he may take from it its reproach and wear it as a crown of honour. It is a good thing to be a specificer.

It may also be a good thing—it may even be a better thing—to have a wide range of medicines and fit them mentally to the different symptomatic disorders we have which we cannot refer to any distinct types of disease. But though that may be a good thing, yet Dr. Yeldham's mode of treatment is also a good thing, and to hear it expounded and set forth by one of his ripe experience and well-known wisdom, is of value to all of us. That is the thought with which I have listened to his valuable address, and I ask you to pass a cordial vote of thanks.

The resolution having been carried by acclamation,

The PRESIDENT said: I am much obliged to you, gentlemen, for the kind expression of your recognition of my endeavours to bring before you a subject which, as I have said, is I think of vast importance. (Cheers).

Dr. DRYSDALE: Before we pass to the other subjects I have one that I wish to bring forward, and as to which I think we shall all be of one mind. This is an extra piece of business, and one that has been alluded to by our Chairman, viz., the death of our esteemed colleague Dr. Constantine Hering. It seems to me we are called upon to take special notice of that event as a body of homœopathic practitioners. We all know now that the task of forcing homœopathy, as it were, upon the medical profession has passed into the hands of the Americans. It is therefore of the greatest moment that we should take special notice of the death of one who sowed the seed of homœopathy in America, who was as it were the apostle of homœopathy in America; although he was not the first who brought it there, still he was the one who gave it the greatest help at the beginning, therefore, as the apostle of homœopathy, and on account of his other great qualities, we ought to give a cordial recognition of our estimation of his services. He was a man of very great powers and indi-



viduality and scientific knowledge, and if he had not devoted his talents to homœopathy he would have been great in natural history,—that is well known; but to our great joy he turned his talents into another channel. Therefore, without further preface I will read the resolution which I hope the meeting will pass with great cordiality—

“That this meeting of British homœopathic practitioners has heard with the deepest regret of the recent death of the venerable Constantine Hering, of Philadelphia; that they desire to place upon record the strong sense they entertain of the value of the services that Dr. Hering has rendered to the science of medicine during the whole of his professional career, and of the great zeal and energy he has ever shown in the advancement, development, and propagation of homœopathy; they, at the same time, desire to express their sympathy with the members of his family, his colleagues in the Hahnemann Medical College, and his professional brethren in Philadelphia, at the loss they have sustained by his death, and that the secretary be instructed to forward a copy of the foregoing resolution to Mrs. Hering; the President of the Homœopathic Medical Society of Pennsylvania, and to the President of the Hahnemann Medical College.”

Dr. DUDGEON: Mr. President, I have great pleasure in seconding this resolution. To those who knew Hering, an honour which accrued to me, about thirty years ago, when he was in his prime, the memory of that great man will ever be very vivid. Dr. Drysdale has spoken of his great achievements towards the spread of homœopathy, and the internal development of homœopathy, a work which has been not only useful and advantageous to America—the country of his adoption—but to homœopathy throughout all the world. Those who knew him privately will not soon forget his many excellences. I had the honour of going about with him for a little while in Liverpool, and being in daily intercourse with him. I was extremely struck by his geniality, his excessive humour, and his thoroughly catholic spirit and interest in everything, not only concerning homœopathy, but in all the collateral sciences of medicine. I have no doubt that the influence of Hering upon homœopathy has been one of great good in many respects, and his surprising industry is something that almost takes away one's breath when one considers the numbers of new medicines he proved and the number of his writings, not only in English, but in German, because his literary ability was not confined at all to the country of his adoption. He was one of the earliest contributors to the *Allgemeine Homoöpathische Zeitung*. In the year 1835, I think, he commenced, and he continued his activity, not only in America, but in Germany to the very last. Even in the latest numbers of the German periodicals you find articles contributed



by him. It is, of course, with feelings of great regret that we contemplate his departure from among us ; at the same time we must consider that he had done enough for his own fame, and that when he did die at last he died in the ripeness of years.

The PRESIDENT : I hardly need put the resolution to the vote, because it will be carried with every feeling of unanimity and cordiality. (Cheers.)

After a short interval, Dr. BURNETT read a paper on *The Prevention of Hare-lip, Cleft Palate, and other Congenital Defects, as also of Hereditary Diseases and Constitutional Taints, by the Medicinal and Nutritional Treatment of the Mother during Pregnancy*. [This, together with the discussion, will be found at page 599 of our present number.]

At the conclusion of the discussion on Dr. Burnett's paper—

Dr. DUDGEON exhibited, explained the mechanism, and demonstrated the mode of applying his sphygmograph, an instrument made for him by Mr. John Gauter, of Crawford Street. The portability of this sphygmograph and the ease with which it can be used were remarked on with feelings of satisfaction.

Dr. GIBBS BLAKE also showed a specimen of laminated casts, expectorated by a patient suffering from severe bronchitis.

The Congress then adjourned for an hour.

On the resumption of business, the PRESIDENT called on Dr. Drysdale to read his paper on the *Need and Requirements of a School of Homœopathy*.

This was followed by a paper by Dr. Bayes on *A Scheme for Mutual Recognition*.

The discussion on both papers was taken together.

These papers, with the speeches in discussion, we hope to be able to publish next month.

The Report of the Hahnemann Publishing Society was then read by the Secretary, Dr. HAYWARD. It was as follows :

“ The Annual Meeting of this Society was held last evening and, by adjournment, this morning.

“ The Report showed that the Society was in a very prosperous condition, doing good work, and meeting some great wants of the homœopathic practitioner ; that since last meeting a very important and useful chapter of the *Repertory* had been published and supplied to members ; that the Re-translation of Hahnemann's *Materia Medica Pura*, with Hahnemann's own notes and comments, was nearly completed, being brought out in two handsome volumes, the first of which would be supplied to members before the end of the year. It was agreed to push forward the publication of the *Repertory*, and *Materia Medica*, and *Therapeutic Chapter*, as works absolutely necessary to the practice of true homœopathy and to the daily work of the



practitioner. Dr. Stokes reported that chapter Back and Neck of the *Repertory* was nearly ready. Dr. Black undertook to prepare an arrangement of the Symptoms of *Digitalis* for the *Materia Medica*; Dr. R. Hughes of those of *Iodine*; Dr. Burnett of those of *Phosphorus*; and Dr. Hayward of those of *Crotulus*—by next annual meeting; and some other members promised to undertake similar work. This work, I must remind gentlemen, is undertaken gratuitously.

“The secretary stated that, since last meeting, twenty-one new members had joined and been supplied with the Society’s publications; that the Society now consisted of 185 members, twenty-one of which were American and four Colonial.

“The treasurer stated that sixty-two new subscriptions had been received, and books to the value of £16 16s. had been sold over and above those supplied to members; that the total receipts had been £82 9s. 2d., and the total expenditure £84 18s. 9d., showing considerable activity on the part of the Society, and that it was doing some amount of work.

“The various committees, with some modifications, were re-appointed. Dr. R. Hughes was re-elected president; Dr. A. C. Clifton was elected vice-president; and Dr. Hayward was re-elected treasurer and secretary. And the time and place of next meeting were fixed to be those of the Convention.”

Dr. HAYWARD then addressed the meeting. At our last Congress, Sir, I appealed to our body to become members of this Society on the score of self-interest, because its publications are essential to the practitioner’s daily work, and by being a member its publications are procured at two-thirds their price; and partly as a result of that appeal twenty-one gentlemen have joined as members. I appeal again, but this time on purely professional grounds. Every one of our practitioners ought to feel himself called upon to contribute, in some small degree at least, to the strictly professional progress of homœopathy. Now, they cannot do this better than by assisting in the production and appreciation of the works of this Society, works essential to the perfecting of homœopathy as a science and its practice as an art.

If our practitioners consult simply their own present pecuniary profit—milking the cow without feeding her—they will help to starve and strangle our science, and destroy what they ought to transmit to their successors, not only unimpaired but improved.

We owe much to homœopathy, and it is our bounden duty to contribute liberally towards its building up; either by working for this Society, purchasing its books, or contributing to its funds; so that it may be able to pay for the work being done. It is not creditable that only about 100 out of the more than 800 of our practitioners do anything for this society, and fewer do anything for the permanent professional literature of homœopathy;



whereas each one of us ought to try and stamp his name on some permanent contribution to professional homœopathic literature.

On the motion of Dr. POPE the report was received and adopted.

#### THE WORLD'S CONVENTION, 1881.

Dr. HUGHES read the report.

#### *Report of the Committee of Arrangements for the International Homœopathic Convention of 1881.*

"At the meeting of our Congress in Bristol, in 1876, it was determined to invite the homœopathic practitioners of the world to a Convention, to be held in London in 1881, as a quinquennial anniversary of that which had just terminated in Philadelphia; and the present reporters were appointed a committee to make arrangements for the same.

"In 1877 we made a series of recommendations, embodying a scheme for the Convention, which were presented at and accepted by the Congress meeting in Liverpool in that year.

"At the Malvern Congress of 1879, we reported the progress made in obtaining adhesions and contributions, and recommended that the title of the gathering should be the "International Homœopathic Convention," and the month of July the time of its assembling. We further proposed that a circular letter, containing all information as to the scheme, should be sent to the representatives of homœopathy throughout the world, soliciting their interest and co-operation. All these suggestions were adopted by the meeting.

"We have now to report that, in pursuance of your decision, the circular now before you, enclosing our Liverpool recommendations, has been sent to all editors of journals, secretaries of societies, and deans of colleges throughout the homœopathic world. From several of these sympathetic answers have been received, and the editors have inserted our communication, in whole or in substance, in their journals. Among the societies addressed was the American Institute of Homœopathy, and at its meeting in June last, when some two hundred members were present, our proposed gathering was cordially welcomed, and a committee appointed, consisting of Dr. Talbot (of Boston), Dr. Kellogg (of New York), and Dr. Bushrod James (of Philadelphia), to co-operate with us.

"We have thus every reason to believe that the intended Convention has been made known to all whom it concerns. We are glad also to inform you that there is a good prospect of contributions being forthcoming, which will make its discussions interesting and its transactions of permanent value. Our cadres are not yet complete, but we may say that they bid fair to



contain the names of most of the men who stand foremost in the homœopathic ranks at the present day.

“As it is the duty of the present Congress to make the final dispositions for the Convention, as well as to elect its officers, we now lay before you our recommendations on the points as yet left open.

“You have already decided ‘That the Convention shall assemble in London, at such time and during such number of days as may hereafter be determined;’ and that July shall be the month of gathering. We now ask you to fix the second whole week of that month—viz., that beginning with Monday, the 11th—as the precise time of meeting. This date has been named in accordance with the expressed wishes of our American colleagues, and is believed to be not unacceptable to our own practitioners and those of the Continent.

“We also invite your assent to the following recommendations:—

“1. That on the Monday evening the President shall hold a Reception at the hall of meeting, or some other suitable place, to which all members of the Convention, with the ladies of their family, shall be invited.

“2. That the General Meetings of the Convention shall be held on the Tuesday, Wednesday, Thursday, and Friday afternoons, from 2.30 to 5.30 o’clock; sectional meetings being held on the following forenoons, by those specially interested in the subject of the day, for its further discussion.

“3. That on the Tuesday the President’s Address shall be delivered, and followed by a discussion on the present state and future prospects of homœopathy, with the best means of furthering its cause, as suggested by the Reports sent from the various countries of the world.

“4. That the business of the Wednesday shall be the Institutes of Homœopathy and Materia Medica; of the Thursday, Practical Medicine and Gynæcology; and of the Friday, Surgical Therapeutics, with those of Diseases of the Eye and Ear.

“5. That on the Saturday, at 2 o’clock, a concluding meeting shall be held for the transaction of any supplementary business; and after this the British members present shall determine the time and place, and elect the officers, of their next Annual Congress.

“It only remains for you to determine the exact locality of our gathering, and therewith our financial arrangements. We find that we can obtain suitable rooms at the west end of London, at a charge of from three to five guineas a day, and that this, with the expenses of refreshments at the Reception, and of printing, postage, stenography, &c., will be covered by a sum of from £75 to £100. You have already decided ‘that the



expenses of the meeting be met by a subscription from the homœopathic practitioners of Great Britain, the approximate amount to be expected from each to be named as the time draws near.' It will now be for you to determine what that amount shall be.

"We propose that a circular should be sent, in the name of the Congress, to all the homœopathic practitioners of Great Britain, informing them of the full plans for the Convention, and asking for their subscriptions."

Dr. HAYWARD suggested that it would be convenient if early in August could be fixed for the meeting of the Congress, owing to the convention or meeting of the general body of practitioners being fixed for the first week in that month. He also desired to ask if the proposed subscription was intended to be fixed or voluntary.

Dr. HUGHES replied that, of course, as a Congress, they could not bind their brethren, but they could name a sum, and invite them to contribute that sum. As regards the time of meeting, they were obliged to choose the time named in consequence of a communication received from the president of the American Institute of Homœopathy, begging that they should, for the convenience of the American members of the profession, hold it not later than the second week in July, otherwise they would find great difficulties in attending. They thought that that outweighed the other consideration which was before them.

In reply to Dr. GIBBS BLAKE

Dr. HUGHES stated the committee had seen some rooms at the Criterion Restaurant in Piccadilly, which would exactly suit them, but thought it better to leave that as a detail to be managed by the officers of the Congress; subsequently, simply suggesting "the West End of London."

Upon the motion of Dr. GIBBS BLAKE, seconded by Dr. HUGHES, the report was adopted, subject to the subsequent discussion on the several subjects contained in it.

Dr. POPE then moved, in accordance with the suggestion contained in the report that each homœopathic practitioner in the country should be requested to contribute by subscription to the expenses of the meeting the sum of one guinea. The expenses would be somewhat considerable; the meeting would extend over a week, and there would be certain entertainments in connection with it which would, he was quite sure, absorb the whole of that sum, and he was also sure that they would, as a body, show a liberal spirit in the whole of the details, and give their friends a good reception.

Dr. MOORE begged to second the motion. He was not quite sure whether it would be possible to cover the expenses with a subscription of one guinea. It might be left open for anyone to



supplement that by a larger subscription if he thought proper ; he would suggest that it should be " a guinea or more."

Dr. POPE said : he thought they would find out pretty well in the course of the spring what their expenses would be. If they found a guinea was not sufficient, they would probably ask for a guarantee fund.

Dr. GIBBS BLAKE said : he had a list of subscriptions for the International Medical Congress, and they varied from one to twenty guineas.

Dr. DYCE BROWN suggested that arrangements should be made for ascertaining those who were able and willing to offer the hospitality of their houses to visitors from abroad.

Dr. HUGHES said that had been borne in mind. The committee had asked one prominent physician in each country to act as their representative in the matter of the Convention, to collect from his colleagues the names and addresses of all who purpose attending the meeting, to let them have those names and addresses some two or three months before the meeting. Then they propose to ask all who were willing to receive visitors into their houses to choose amongst those they knew, or allow the committee to billet those they thought fit upon them. Although they could not hope to entertain all their guests, they should hope to entertain a good many of them.

Dr. NANKIVELL suggested that laymen might be found glad to invite some of them.

Dr. HUGHES (in reply to Dr. OWENS) said : they spoke of coming a hundred strong from America, but thought they might count upon fifty.

Dr. OWENS would be happy to receive all the Americans at his establishment, if they did not come all at once, but by instalments, as they would probably think of paying a visit to Stratford.

Dr. HUGHES suggested that Dr. Owens should make that statement at the Congress.

The resolution as to the subscription of one guinea was then put from the chair and carried.

The election of a President for the Convention was then proceeded with by ballot. In announcing the result

The PRESIDENT said : Gentlemen, I have the honour to inform you that Dr. EDWARD HAMILTON, of London, has been elected President of the Congress to be held next year, by a very large majority. Now, gentlemen, we will proceed to elect a Vice-President. The Vice-President on this occasion will be a very important personage. As it is a matter of considerable importance, I think it better to give it the weight and authority of a ballot.

The vote having been taken,



The PRESIDENT said: I have the pleasure to inform you, gentlemen, that Dr. RICHARD HUGHES has been unanimously elected to the important post of Vice-President. (Applause).

Dr. HUGHES: Gentlemen, I am very much obliged to you for the honour you have done me, and I hope by active work in that department to justify your choice of me.

It was then resolved, upon the motion of Dr. HUGHES, seconded by Dr. POPE "that the following gentlemen be appointed to the respective offices named, viz.:"—

Dr. BAYES, Treasurer; Dr. GIBBS BLAKE, General Secretary; Dr. HAYWARD, Liverpool, Dr. BURNETT, London, Local Secretaries.

Dr. NANKIVELL proposed a vote of thanks to the President for the urbane and kind way in which he had conducted the business of the meeting, and for his excellent paper, which would send them away from Leeds very well pleased with the Congress. He was sure they would look back to that Congress with pleasure, and the greatest part of that pleasure would be derived from the remembrance that Dr. Yeldham held the presidential chair.

The resolution having been heartily responded to, and duly acknowledged by the President, the proceedings of the Congress terminated so far as the business part of it was concerned.

#### THE DINNER.

The PRESIDENT, in proposing the toast of Her Majesty the Queen, said: Although as homœopathic practitioners we do not bask in the sunshine of royal favour, Her Majesty has no more loyal subjects than homœopathic practitioners. We treat our patients with small doses of medicine, but we give out our loyalty in allopathic doses. We love our Queen as the most constitutional of monarchs, and we love her for her great and excellent qualities as a woman. Long may she reign over us. "God save the Queen."

[The toast was responded to with the singing of a part of the "National Anthem."]

The PRESIDENT: Gentlemen, the next toast on our list is that of the health of the Prince and Princess of Wales and the rest of the Royal Family. In proposing this toast the President dwelt on the popularity of the Prince, and the warm affection with which the Princess was regarded by the nation.

The PRESIDENT: Gentlemen, the next sentiment that I have to present to your acceptance is "the memory of Hahnemann."

But for the name of that great man we should not be here to-night to celebrate the progress of one of the greatest scientific and—in a certain way—social, reforms that was ever proposed to mankind. There have been a good many remarks made to-day on the seemingly slow progress that homœopathy is making. Now, I cannot altogether agree with that expression of opinion.



It has always appeared to me that reforms are slow or rapid in their progress, very much in proportion to their magnitude. You will observe that small reforms are readily accepted. They interfere but little with men's habits and prejudices; but large reforms such as that which Hahnemann proposed (which may, indeed, be called a revolution rather than a reform) are sure to excite stubborn opposition. This is but natural. But we find often that men can more easily change their habits than they can change their principles or get rid of their prejudices; or, if you like, say their "honest convictions." Now, homœopathy, as we know, has had a great effect upon men's habits; it has influenced in a wonderful degree (which I need not describe to you) the practice of the old school. The revolution in that respect has been remarkable. Those only, who, like myself, have been permitted to live long enough to have witnessed those changes can appreciate their full extent. Well, that is the first, and I think the most natural, effect of homœopathy on the medical world; and so surely as day follows night, so surely will the other part of what appears to be the destiny of homœopathy, be brought about. Men's opinions next will change, and homœopathy will be received as the great, if not the only leading principle in medicine. Therefore, I say, though it may appear to us, who want to see the wheels of progress move more rapidly than they do, when we consider the enormous interests vested in the old system of physic, we cannot expect it to yield without a long and hard struggle. I will not trespass upon your time by entering into any particulars regarding the personal history or character of Hahnemann. The world knows its great men through their great deeds, and Hahnemann is known, and will be known, for the great work he has done. We will presently bow our heads in silence and reverence to his memory.

But before we do so I will refer to two distinguished disciples of Hahnemann,—two men who, each in his way, was a man of mark, and who did (both of them) a great deal of good work for homœopathy. I allude, first, to Dr. Quin, who was taken from amongst us some two years ago, and who, as I said before, in his peculiar way, did a great work for homœopathy. He was a man of high notions of professional honour, of considerable power, and of great judgment; and his position in society enabled him to carry homœopathy into a region which it certainly would not have penetrated so thoroughly as it has done, but for such a man as Dr. Quin. He kept us together by establishing societies and hospitals, and in one way and another he did a great work,—a work which deserves to be held in most respectful memory by those who knew him, and profited by his labours.

The other name I would refer to has been mentioned on two occasions already to-day. The death of Dr. Hering has been so



recent that we can do no more at present than acknowledge the loss we have all sustained, with feelings of deep regret and sorrow. I propose to you that we drink in solemn silence to the memory of Hahnemann, and that we should associate with that the memory of Dr. Quin and Dr. Hering.

The toast having been duly honoured,

Dr. ROOME then proposed the Homœopathic Hospitals, Dispensaries and School, coupling with the first the name of Dr. Dyce Brown, and with the last the name of Dr. Bayes. In doing so he referred to the fact that at a time when his mind was completely sceptical as to the value of medicine the question of homœopathy was brought before him; he became very anxious to test it fairly and to come to a conclusion as to its truth or falsity, and he related his experience of the kindness and courtesy he had experienced from the physicians of the Birmingham Hospital and the Liverpool Dispensary, and how he was enabled, unbiassed and unembarrassed, to pursue his investigations and to arrive at his present state of confidence in regard to it.

Dr. DYCE BROWN: I thank you very much for so kindly drinking the health of our valuable institution. The hospital in London with which I have the honour of being connected has lately had to be repaired considerably. The management of its internal arrangements, and of the patients, are in the most flourishing condition. It provides a very valuable means of teaching students who come to us. Without it we could not get on half so satisfactorily as we do, because we are there able to show the students who come to the lectures the practical working of the teaching. I only hope that Dr. Bayes' scheme on behalf of the hospital will soon be carried out, and that we shall have 120 beds through the instrumentality of our liberal patients who subscribe the necessary amount. I also thank you on behalf of the other institutions in the country. The Birmingham Hospital, the Liverpool Dispensaries, and the Bournemouth Convalescent Home, which has been for some time in excellent working order. Several patients of mine from the hospital have been down there, and they have always spoken in the highest terms as to the care taken of them. Allow me to thank you then gentlemen for the kind manner in which you have received the toast.

Dr. BAYES: Gentlemen, the institution Dr. Brown had to return thanks for is a far older institution than mine. The one I have to return thanks for is, at present, merely an infant—one may say a baby. The necessity for a school is always felt by men when they become civilised. It is one of the earliest things that they desire. I was very pleased to hear the remark from Dr. Drysdale, one I expected to hear from him—that, whatever else



id not quite meet with his approval and the approval of some others, the character of the teaching and teachers, at any rate, was perfectly satisfactory. It is a very great thing to get good teachers; that is the first requisite, I think, in a school. As to students: Well, all we can say is, we have provided the pond, and if the horses do not go and drink at it, it is their fault. We do our duty in providing the school, and if men come, we are glad to see them; if they do not come, it is their fault and not ours. It is a great thing to feel that we have done our duty, and this we mean still to do. As you all know, when the school was founded by the liberality of our friends, we were provided with funds which were intended to last for five years. Now, my friend, Dr. Hayward, who is generally very keen in money matters, was fearing we might be spending too much. For his comfort and consolation, I will tell him that we are spending less than our income, and at the end of the five years we hope to have a considerable sum in hand, which may be devoted to whatever we may think is the most desirable thing in the way of some further development of the school. The hospital really is, or should be, a means by which to increase the clinical teaching. We have abundant means for giving much instruction, and I hope that ere long a clinical lecturer will be appointed, who will also be an advantage both to the hospital and to the school. The two institutions must, however, run together as twin institutions.

Speaking of Dr. Hughes and Dr. Brown as the two lecturers we have had hitherto, I ought to mention that my friend on my right, Dr. Pope, hopes to commence his course on *Materia Medica* next month. We have been obliged to accept Dr. Hughes' resignation on account of his ceasing longer to practise in London. We always feel the very great service that he has rendered to the school, and regret that we cannot longer have his services in the winter, but we are delighted to have so excellent a successor as my friend Dr. Pope. (Cheers.) I have no doubt the class will continue to flourish under his careful instruction.

Dr. Hughes most kindly promises to continue the summer course, and I think I may say at once that his summer course for next year will be on Hahnemann's *Organon*. Dr. Hughes' new edition of his work on Pharmacodynamics has just been published, and those who have not seen it I advise to see it as soon as they possibly can. It is a very important work, and I am quite sure that those who see that will no longer have to say that *Materia Medica*, as taught at the school, is in any sense or way imperfect.

Mr. Porrs (in response to a suggestion thrown out by the President) enlivened the proceedings by a song—

“Oft in the stilly night.”



DR. NANKIVELL, premising he was speaking in cold blood and without the help of alcohol, proceeded as follows : We, I think, do a good deal in the way of literature. What with the *Journal*, the *Review*, the *World*, and the *Organon*, all the views which we hold are represented in the press, and represented very ably, from the different points of view of the editors of those journals.

Then, again, in the way of societies I think we do fairly well, although, perhaps, not so well as we used to do years ago. I have to connect this toast with a name which will, I am sure, bring up to your minds the pleasant recollections of this morning's paper—the name of Dr. Burnett. We had the fruits of his brain this morning, and very pleasant fruits they were, and they gave rise to a very interesting discussion ; and I am quite sure if we go back to the several spheres in which our lot has fallen, and determine to work up to the ideas which he set before us with such skill to-day, we shall be greatly advantaged. I beg to connect this toast with his name. (Cheers.)

DR. BURNETT : I think we may be proud of our homœopathic literature. We have in this country the *British Journal of Homœopathy* of which I am sure we are all proud. When the time comes for an impartial history of medicine to be written I think the *British Journal of Homœopathy* must form part of that history in this country. If we refer to the long list of volumes of that, I may say wonderful journal, we see a complete practice of physic. I speak of it myself with the greatest gratitude, as I have learnt much from it. It was with great regret that most of us lived to see the respected name of Dr. Drysdale taken off its front page. However, we must be grateful for what we had got when he took himself away from it. *The Monthly Homœopathic Review* has a brilliant career at its back and I trust a still more brilliant career to come. It has fought for the social and professional status of our branch of the profession through thick and thin ; our views have been advocated very consistently, and we must speak of it with appreciation. *The Organon* takes rather an ultra position amongst us, nevertheless I do think that the appearance of *The Organon* has had a beneficial influence upon the homœopaths of this country. It may be that we do not go the length of the editors or writers in that journal ; still, if it is extreme it is extreme in the right direction. The homœopathic literature of America is a great subject. We know that, compared with the other literature in America and with the professional literature of Europe, we need not be ashamed of the homœopathic serials of America. As to the little journal I am connected with I would say nothing, except that in my own small way I try to come in with what little help I can with the others. I would say that what has been made a reproach to it, that it devotes some attention to the public, is unjust. We as homœopaths owe



very much to the public. Were it not for the public I believe we should have no legal position whatever. I do not believe that the medical profession of this country would allow us our privileges as we have them if it were not for the fear of being sat upon by the public. We know that all through the history of medicine to take anything to the public, to bring anything outside the circle has been a reproach. It was the thing that stigmatized Paracelsus. The very first thing he did to bring the reproach of the profession upon him was to lecture in the German vernacular. That was the start of a heap of calumny brown on an honourable name. Paracelsus stands as a prototype of all that is bad in a medical man,—very unjustly. Paracelsus was one of the greatest geniuses the world has ever seen. I believe it began with his lecturing in German. Now-a-days everybody lectures in German in Germany, which is a very proper thing now.

Then there is Hahnemann. Hahnemann is reproached with having carried his doctrine to the public instead of to the profession. History denies that absolutely. Hahnemann went to his own, and his own received him not.

The revolution that went through Hahnemann's mind at the time of the discovery of the prophylactic virtue of *belladonna* is well known to everyone who reads history. We know that Hahnemann was already a venerable seer, when there was an epidemic of scarlet fever in the city, and the profession recommended *belladonna* as a prophylactic for scarlet fever, and although Hahnemann was living in their midst, his name was not mentioned; it was referred to somebody else. It was only after his own would not receive him, and that he saw, if his truth was to live at all, he should have to fall back upon the public in order to keep it alive and develop it, that he went to the public. I ask you, what would you have had Hahnemann do? What would you have done under the same circumstances? He offered his discovery to his own profession, and they would not receive it. I believe anyone who is conversant with Hahnemann's history must agree with me that, if Hahnemann had anything, he had a strong professional feeling.

I believe the *esprit de corps* was stronger in no man than in Hahnemann—I am certain of that; and if we read his communications to the journals and to Hufeland, we must certainly say that Hahnemann was not to be blamed in any respect for the conviction that he was compelled to carry his homœopathy to the lay press because the others would not receive it. That plan is propagated to this day. We now largely depend upon the public, and I do not think that homœopathy at the present time could, without the public, be able to hold its ground. Therefore, I think that, until the allopathic press will open its pages



to us, to say in them what we think right, we must still continue to lean more or less upon our greatest strength—the public.

Dr. POPE: Mr. President, I do not think that at any former Congress anyone could have got up to propose the health of the readers of papers, and to thank them for the treat they had afforded them with a clearer conscience than I can do to-night.

In the morning we began with a paper (I do not refer to our President's Address, that is beside the business of the moment and will be dealt with subsequently), brilliant and instructive, by Dr. Burnett, a paper which I trust has set a stone rolling that will bear fruit, fruit of a real legitimate philosophy, a philosophy that will tend to strengthen our race and not to deteriorate it, to increase the number of the population not to diminish it.

Then we had at the opening of the afternoon session a thoughtful and instructive essay from Dr. Drysdale. With one part of it of course I can hardly be expected to agree, and with others I must express regret, but on the whole I can most conscientiously say that I believe Dr. Drysdale has given us a very great deal of useful material for reflection and thought. That was followed by a paper, full of enthusiasm, from Dr. Bayes. Without enthusiasm, gentlemen, we should all sink to the bottom of the gulf, and though we may not be able to go quite the revolutionary length of our friend Dr. Bayes, we can, and I am sure we all do, thank him for the service he has already rendered, and the energy and enthusiasm with which he has supported the development and progress of homœopathy. I have therefore very great pleasure in asking you to drink the health of those three gentlemen, and especially would I name Dr. Drysdale.

The toast was duly responded to and honoured with the song  
“For they are jolly good fellows.”

Dr. DRYSDALE, in responding, was understood to say that he thanked them most cordially, without any mock modesty, for he thought the readers of the papers deserved some thanks. It was very hard work to write a paper; and after they had done their work they were set up, like “Aunt Sally,” to be pelted at the rest of the day. It was therefore a little consolation, after their social meal, to be thanked; and what particularly pleased him in the matter personally, was that the toast had been given in such a cordial manner by Dr. Pope, who had to a certain extent been an opponent of his views. That which he himself had said, would, he hoped, be taken in a proper sense. They all wished the same thing—the good of the cause—but they had different opinions. He trusted that that which he had said might be cordially accepted, and possibly some third method struck out better than either of those proposed. Altogether, he thought they might look forward to some improvement, considering the cordial



manner in which the matter had been discussed. Dr. Burnett's speech just now seemed to be a reply to some words used by himself (Dr. Drysdale) previously, and of which he thought Dr. Burnett had missed the point when saying that Hahnemann and Paracelsus were not received cordially by the profession for their innovations, and that, therefore, they addressed the public: he could not agree with Dr. Burnett, or with his story: he could not think it was the public that should be addressed. It was right of Hahnemann to found a literature, and it was right of all of them to found a separate medical literature; but he believed in the long-run they got on much better by addressing the profession than by addressing anything scientific to a public audience. In the attempt to let down and water science, they would only spoil the science and not enlighten the public. If they appealed to the public as a public, they would appeal on ethical grounds, and not write trumpery little books on domestic medicine. Those he thought had retarded the progress of medicine. He thought, as far as this country was concerned, when they began the *British Journal of Homœopathy* there were not ten professed homœopathic medical men in Britain.

Dr. BURNETT: And the public read it.

Dr. DRYSDALE: No. The medical men read it, and were converted at a much greater rate than now.

Dr. DUDGEON: Mr. President and gentlemen, the toast that has been entrusted to me is "Success to the International Convention." The accounts we have got to day of the prospects of the Convention are certainly very pleasant to hear, and if we have such a large meeting of members of the homœopathic body, not only from the Continent of Europe, but also that large convoy of American colleagues, who will about occupy the whole of one of the Cunard or Guion steamers, I think we may safely say we will have a very enjoyable meeting next year. The business of the Convention—the getting up of it, the thought of it—originated with one present, whose name I have to bring into connection with the toast. That person, as you know, is Dr. Hughes. He has been enthusiastic upon the subject, and he has inspired others with his own enthusiasm, and, although we older people were inclined to take a more moderate view of the prospects of the Convention, still such has been the fervour of his zeal that he has almost persuaded us to be of his own opinion, that this Convention will be something very magnificent. I sincerely trust, and I am sure that we all trust, that it may be. It will be a very interesting thing indeed for us to meet many of our colleagues, whom we know of by their literary fame and achievements in the cause of homœopathy, and I am sure that we will all do the utmost in our power to give them as hearty and cordial a welcome as we are



capable of, and I have no doubt when they have partaken of the hospitality we are able to afford them they will go away with recollections which are as favourable to English homœopathists as those with which our deputies returned from America, and with feelings of the warmest friendship and cordiality towards their entertainers. I do not know whether we can equal the munificent and princely hospitalities of the Americans to our deputies, such as they have described them, but we will do our best. We are but a small body compared with them ; still I think we will show them by our enthusiasm and by our hospitality that we are not a whit behind them in feelings of affection for colleagues in whatever part of the world they may be and from whatever quarter of the globe they may come. I am sure we will drink with great cordiality the health of Dr. Hughes, and show by the warmth of our acceptance of this toast the great debt of gratitude we feel to him for the magnificent preparations which he has in store for us next year. (Cheers.)

DR. HUGHES : Gentlemen, I am very pleased to have my name associated with the World's Convention that we propose to hold next year, I am very pleased also with the manner in which you have joined in expressing warm wishes and good hopes, I think we may entertain those hopes upon a sure foundation when we remember that at our last Congress in London we gathered ourselves nearly a hundred strong. I may tell you that I have good assurances of from fifty to a hundred delegates from America, some six or seven already from Spain, and one or more from several other countries of Europe. These are only the beginnings of the accessions we may hope to get. I speak of those who have already expressed their intention of coming, and I think we ought to muster two or three hundred strong. If we do so it will be a grand thing for homœopathy in England.

Dr. HUGHES then described at some length the manner in which it was proposed to conduct the business of the Convention, and concluded by expressing the hope that when we meet next year none of our anticipations will be disappointed, and that we shall have both a profitable and enjoyable meeting.

THE PRESIDENT : We are always glad to see amongst us gentlemen interested in homœopathy, who may not belong to our own ranks. On this occasion we are favoured with the presence of a gentleman who, more completely than any other man I have ever met with out of the profession, has identified himself with homœopathy and its interests. I allude to Mr. Chambre, who sits on my right. Dr. Hayward will say a few words on the subject, and Mr. Chambre will reply.

Dr. HAYWARD : Mr. President and gentlemen, It wants very few words from me to enlarge upon the qualifications of our visitor this evening. *I am quite sure we all feel that under*



his management the hospital, in sanitary matters and in financial matters, is in very good hands. I have, therefore, very great pleasure indeed in having the opportunity of proposing that we drink to the health of our visitor, Mr. Chambre, and may he *frequently*, and *generally*, and *often*, and *long* be a visitor to our Congresses.

Mr. CHAMBRE: Mr. President and gentlemen. This is rather an unexpected toast for me to reply to. I have, in the first place, to thank the proposer of it for the kind terms he has used towards me. I am happy to say our hospital is in a vastly more flourishing condition than it was when I spoke upon its condition four years ago. It has been closed for the last month for some very extensive alterations in the basement. To make the story very brief I may say, as you are, perhaps, aware, the hospital is built out of three old houses,—houses two hundred years old, or something of the kind, when drainage was exceedingly defective. We have had considerable annoyance from time to time from the drainage; we had to incur great expense, and at last it came to this: we thought we had better make a clean sweep of the old arrangements, and spend a certain sum of money which would make that part of the sanitary arrangements—I think I am right in saying—simply perfect. I would thank all of you, on the first occasion of your visiting London, to do me the honour of calling upon me, when I shall have the greatest pleasure in going over the hospital with you and explaining more in detail what we have done. I thank you very much for the manner in which the toast has been proposed and received, and I sincerely hope it may fall to my lot to attend many future Congresses.

The health of the Secretaries (Dr. Gibbs Blake and Dr. Ramsbottom) was proposed by Dr. MADDEN, and acknowledged by both of those gentlemen.

Dr. WHEELER: Before we separate there is one other toast which must not be forgotten. Although the last on the list, it is by no means the least, and as it has been entrusted to my hands I can assure you it affords me the very greatest possible pleasure to propose the health of “our worthy President.” (Cheers). I may say that Dr. Yeldham is my oldest and most esteemed medical friend. Again, I am sure we can all receive this toast, and shall receive it with great pleasure from the manner in which he has presided over our meetings to-day. His urbanity, his ability and kindness to all of us has been very great, and I am sure that I have only to ask you to drink his health and you will do so with pleasure and enthusiasm—“Dr. Yeldham, our President.” (The toast was honoured with three cheers).



The **PRESIDENT** : Gentlemen, I am very much obliged to you for the kind way in which you have drank my health, and the kind way in which my old friend, Dr. Wheeler, has proposed it. I am very much gratified at seeing so good a meeting here to-day, and once more return you my thanks.

Dr. **DYCE BROWN** : One toast more, gentlemen—"Our new Lecturer, Dr. Pope." Although the health of the school has been drank so very kindly, yet I think it is but due to Dr. Pope, in the position which he occupies, and having regard to the long number of years in which he has fought so manfully for homœopathy, and the admirable store of literature which he has furnished, that we should drink his health on his appointment as one of our lecturers. I am sure his appointment to that post will add glory to the school, and make it much more useful in the future—if that be possible—than it has ever been in the past. (Cheers.)

Dr. **POPE** : Gentlemen, I am extremely obliged to you for this house-warming, if I may so term it. I trust that the vaticinations of my colleague, Dr. Brown, may prove to be correct. All I can say is that I will do my best to make the school as successful as I can.

With this the proceedings terminated.

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## NOTABILIA.

### LONDON HOMŒOPATHIC HOSPITAL.

THE London Homœopathic Hospital—closed during the month of August for extensive alterations and repairs, under the able direction of the Hon. Architect, Mr. A. R. Pite—was re-opened for the reception of in and out patients on the 1st September. A fair number of the former are now in the wards, and the attendance of the latter has been unusually large from the date of re-opening. Advantage has been taken of the alterations to entirely re-organise the drainage arrangements throughout the hospital, and to introduce a system of closets devised by Mr. Bostel, Sanitary Engineer, Brighton. Much trouble was occasioned, and expense continually incurred, in keeping up the arrangements in existence prior to the present alterations, as they were, in many respects, very defective and unsuited to modern ideas and requirements. We specially invite our readers to visit the hospital and inspect it, particularly as regards the special improvements referred to. The cost is, however, necessarily heavy, and those who wish well to the institution should bear this in mind, and endeavour to obtain donations to aid in defraying this unavoidable expense.



## THE LONDON SCHOOL OF HOMŒOPATHY.

THE work of the ensuing session at this Institution will be inaugurated at the Homœopathic Hospital on Monday next, the 4th instant, by an address from Dr. BURNETT on *Hahnemann, considered as a man and a physician, and on the lessons of his life*. To listen to Dr. BURNETT on such a theme will, we are sure, be a great treat, one we trust that our colleagues will take care to be present at.

On the following day, at 5 o'clock in the afternoon, Dr. DYCK BROWN will commence his lectures on the *Principles and Practice of Homœopathic Medicine*. Dr. Brown will confine himself to discussing the therapeutics of each disease.

On Thursday, the 7th, at the same hour, Dr. POPE will open the course of lectures on *Materia Medica* by an introductory address on *The Study of Materia Medica*.

From all we have heard, we have reason to hope that there may be an increased attendance at the School this winter of gentlemen anxious to learn what homœopathy is and how it can be practised.

During the summer of 1881, Dr. HUGHES proposes to deliver a course of lectures on HAHNEMANN'S *Organon Der Heilkunst*.

Letters on the business of the School are to be addressed to Dr. BAYES, 52, Great Ormond Street, W.C.

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## INTERNATIONAL CONGRESS OF HYGIÈNE.

Our indefatigable colleague, Dr. ROTH, has recently read five papers at this important meeting held at Turin, between the 6th and 12th of last month. The following are the titles of his contribution: 1. "Sur l'inspection obligatoire dans les Écoles." 2. "Sur la Ladies' Sanitary Association de Londres." 3. "Sur l'introduction des éléments de l'Hygiène et de l'Education physique scientifique dans toutes les Écoles primaires et secondaires." 4. "Les moyens de prevenir la cécité." 5. "Les conditions anti-hygiénique dans lesquelles les ouvriers-mécaniciens travaillent dans les chambres (ship-building yards) en Ecosse."

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## BRITISH HOMŒOPATHIC SOCIETY.

THE First Ordinary Meeting of the present Session will be held on Thursday, October 6th, 1880, at seven o'clock. At eight o'clock, a paper will be read by Dr. Dudgeon, of London, on "The Sphygmograph as an Aid to Diagnosis."



## OBITUARY.

## CONSTANTINE HERING.\*

At a ripe old age, with faculties all unclouded, with a zeal for the development of therapeutics bright and active, surrounded by a circle of friends and pupils such as few have ever possessed before, Constantine Hering, on the 28rd of last July, passed away from earth.

Rarely indeed are we called to contemplate a life at once so full of years and yet so full of work. Seldom can we look back on a career extending over nearly sixty years in which, up to the last hour of life, a physician has been unceasingly occupied in the culture of the science, and the practice of the art to which, when yet a youth, he devoted himself.

A graduate of the ancient University of Wurzburg in the year 1826, Hering died in 1880, within a couple of hours of leaving his study table, on the evening of a day during which he had attended to the wants of several patients.

Dr. Hering was born on the 1st January, 1800, at Oschatz, in Saxony. His love of natural history, of which in riper years he was so devoted a student, was manifested while as yet he was but a child. Between 1811 and 1817, when attending the classical school at Zittau, he made a large and valuable collection of minerals and plants, and also of zoological specimens. His medical studies were pursued at the Surgical Academy of Dresden and at the University of Leipsic, where he was a pupil of Robbi, an eminent surgeon of that day. It was while a student that his attention was directed to homœopathy, and that in a manner especially interesting. Robbi had been requested to annihilate homœopathy by writing a pamphlet. Having no time, and possibly as little inclination for the task, he suggested that Hering should undertake it. He readily consented, and prepared himself for his work, not by reading the productions of previous opponents of Hahnemann, but by studying the works of the master and proving a drug on his own person. Convinced by Hahnemann's arguments and his own experiments, that homœopathy was not the tissue of error it was desired that he should represent it to be, he was still further fortified in his faith by his recovery under homœopathic treatment from the effects of a dissection wound, which were at one time so severe as, in the opinion of his surgical friends, to render amputation necessary. He afterwards graduated at the University of Wurzburg, and, when doing so, presented a thesis entitled *De Medicinâ Futurâ*, which formed a thorough defence of the method of Hahnemann. After graduation he was appointed an instructor in Natural

\* For most of the facts contained in this notice we are indebted to the *Hahnemannian Monthly* for August last.



History at Blockman's Institute in Dresden, and subsequently received a commission from the King of Saxony to accompany the Saxon legation to Dutch Guiana for the purpose of making a series of researches in natural history. Here he remained for several years, and while not neglecting the duties of his office he found time to practise and to contribute to the *Archives*—the journal so long edited by Stapf. This was too much for the court physician, and under his influence orders were sent out to him to desist from the practice of medicine. He at once resigned his appointment, and, after practising in Paramaribo for a short time, removed to Philadelphia, arriving in that city in January, 1838.

After a brief residence here he removed to Allen-town, where he established the North American Academy of the Homœopathic Healing Art—the first medical school, we believe, that was ever set on foot for the purpose of teaching homœopathy. It proved to be premature, however, and, financial difficulties arising, was closed within three years. Hering then returned to Philadelphia, and there remained, with the exception of occasional visits to Europe, until his death. His practice soon became large and lucrative, and his circle of literary and scientific friends numerous and influential.

He took a very active and leading part in almost every movement of the time directed to the development and propagation of homœopathy. He was one of the founders and the first president of the American Institute of homœopathy. The Homœopathic Medical College of Pennsylvania—now known as Hahnemann Medical College—owed its existence in a great measure to his zeal and energy. In it he was the first professor of the Institutes of Medicine and Materia Medica, retiring from his post only eleven years ago, when he was made *Emeritus* Professor. Of the American Provers' Union, established in 1858, he was also one of the founders. To the students of his College he was ever accessible, and no greater pleasure did he enjoy than that of assisting them in their studies and furnishing them with the results of his own large and ripe experience. As a prover of medicines he was indefatigable. The list of substances, the greater proportion of our knowledge of the medicinal properties of which we owe to Hering is a very long one. Foremost among them are *lachesis* and *glonoina*, or *nitro-glycerine*.

His contributions to the literature of homœopathy are almost innumerable. From the day of his graduation to that of his death, his pen was continually at work, and this not only in the country of his adoption, for in the homœopathic journals of his fatherland papers by Hering have appeared nearly every year of his life. He also edited for some time *The Homœopathic News*, and from 1867 to 1871 *The Journal of Homœopathic Materia Medica*.



Not only had he acquired a wide reputation as a physician, but he was also well known as a classical scholar, and an accomplished naturalist. Music and poetry had especial charms for him, and in early life he wrote somewhat for the stage.

With a strong vein of satire in his composition, and an eagerness to defend the doctrines of Hahnemann against all comers, Hering was an earnest controversialist. Ever ready for the fray, little heeding the terms he used in debate, so long as they were strong enough, it was inevitable that he should be frequently in hot water. And so it was. But he was, withal, a man of the kindest heart; never more cheerfully engaged than when doing something which should be to the advantage of a colleague or a pupil. Hence, it has come to pass, that though Hering has during his long life made many temporary enemies, he has been permanently endeared to a very much larger circle of friends.

Hering was tall and of a dignified appearance, with a very determined expression of countenance—one that made anyone listening to his conversation feel that he was in earnest and meant every word he said.

Dr. Constantine Hering bequeaths as a legacy to his professional brethren not merely several valuable additions to the *Materia Medica*, and many important contributions to medical literature, but also a bright example of dauntless energy in the pursuit and defence of that which he knew and felt to be true. He was not one who first surveyed his possible future and then acted up to or refrained from acting up to what he knew to be right. He simply asked himself whether homœopathy was true or false, and, having convinced himself that it was true, he set aside all self-interest, did not allow himself to be tempted from pursuing it to the uttermost by the moral certainty he had of making a brilliant reputation as a naturalist, but through good report and through evil report defended with earnest zeal that which he believed to be true. He was pre-eminently a man who had the courage of his convictions.

Would that some of our young men would follow in his footsteps, and rejecting a cowardly expediency, submit with willing hearts to be guided by principle!

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## CORRESPONDENCE.

### LICENSING BOARD FOR HOMŒOPATHISTS.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—About twenty-seven years ago, an effort was begun in London to obtain a charter for homœopathists to have a school and grant diplomas. This was opposed by myself and



others on these two grounds—(1) Such a course would stereotype homœopathy in its then phase, and put a stop to fundamental improvements; and (2) it would convert a temporary division in the profession into two permanent sects. These considerations were considered weighty; they happily prevailed, and the undertaking was abandoned.

These reasons are as weighty now as they were then, and I cannot but very earnestly recommend them to the consideration of Dr. Bayes, and of those who may be inclined to support his revival of the effort.

I am, Gentlemen,

Faithfully yours,

Rugby, August 2, 1880.

WILLIAM SHARP.

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*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In your number for September, Dr. Black tries to dispose of my arguments by calling them “clap-trap.” That needs no further notice, “hard words break no bones.” But when, on page 574 (3rd paragraph), he accuses me of falling into “historical mistakes,” it is my duty to defend my position.

The President of our late Congress at Leeds, Dr. Yeldham, who was a personal and valued friend of Dr. Quin’s, in a conversation I had with him, bore out my statement that Dr. Quin fully intended, when the British Homœopathic Society was founded, to ultimately apply for a charter. In conversations with Dr. Quin, he has said the same thing to me, but he considered it better to wait a favourable opportunity, which unfortunately he failed to see.

As to Dr. John Epps, it was not to his lectures at the Hahnemann Hospital only that I referred, but to those afterwards delivered by him and printed in *Notes of a New Truth*. The attendance at these lectures was considerable. I refer Dr. Black to Dr. Quin’s personal friends to correct the inaccuracy he falls into as to the charter question, and to Dr. John Epps’ life and writings to correct his inaccuracy as to the facts respecting those lectures, as the only further answer he will get from me to his unsupported and misleading assertion that “the passages now quoted, and former similar accounts by Dr. Bayes, are historically incorrect.”—(See page 575, last paragraph).

Yours truly,

WILLIAM BAYES, M.D.

21, Henrietta Street, W.



## NOTICES TO CORRESPONDENTS.

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••• *We cannot undertake to return rejected manuscripts.*

We regret that in consequence of the length of the proceedings of Congress we are again obliged to postpone the publication of the papers acknowledged in our last number, together with those of Dr. MORRISON and Dr. FLINT, and the letter of Dr. DUNN received since.

Communications, &c., have been received from Dr. DUDGEON, Dr. BAYNE, Dr. BURNETT, Dr. MORRISON, and Mr. CHAMBER (London); Dr. DRYDALE and Dr. HAYWARD (Liverpool); Dr. SHARP (RUGBY); Dr. HENNE (Brighton); Dr. FLINT (Scarboro'), &c.

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## BOOKS RECEIVED.

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*Materia Medica and Therapeutics.* By Dr. C. J. Hempel and Dr. Aradt. London: Homœopathic Publishing Company.

*Ruddock's Homœopathic Vade-Mecum.* London: Homœopathic Publishing Company.

*Sixteen Principal Remedies.* London: Gould & Son.

*Answers to Continued Objections.* By W. Sharp, M.D., F.R.S. London: Gould & Son.

*Actions of Drugs.* By W. Sharp, M.D., F.R.S. London: Gould & Son.

*The Homœopathic World.*

*The Modern Physician.*

*The Student's Journal of Medicine.*

*The Chemist and Druggist.*

*The Monthly Magazine of Pharmacy.* Burgoyne.

*The Hahnemannian Monthly.* Philadelphia.

*The New England Medical Gazette.* Boston.

*The Homœopathic Times.* New York.

*The Medical Advance.*

*L'Art Médical.*

*Bulletin de la Société Homœopathique Médicale de France.*

*Revue Homœopathique Belge.*

*Allgemeine Homöopathische Zeitung.*

*Rivista Omiopatica.*

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Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE PUBLIC TEACHING OF HOMŒOPATHY.

ON this subject, we publish, in our present number, two important essays read at the recent Homœopathic Congress by Dr. DRYSDALE and Dr. BAYES. Both papers are based upon the necessity of some means being adopted of indoctrinating the profession with a knowledge and appreciation of the homœopathic method, over and above those presented by books, periodicals, hospitals and dispensaries. While, however, the method Dr. DRYSDALE would have adopted is scarcely clear, that of Dr. BAYES has at any rate the merit of sufficient distinctness. He desires to evolve from the present school a college at which a complete medical education shall be given, and from which young men shall be licensed to practise medicine and surgery, the license they obtain to be added to the schedule of the medical list, be accorded a place in the medical register, and thereby rendered a legal qualification to practise in this country. The utmost that we can glean from Dr. DRYSDALE's proposals is that lectures on Medicine and Materia Medica should be given from a homœopathic point of view, and that authority should be obtained from the University of London for the said lectures to form a part of a medical curriculum. This is simply an old and oft-repeated suggestion of Dr. DRYSDALE's, the utter futility of which



we have repeatedly exposed. A large proportion of the paper is consumed in an attack upon the existing School of Homœopathy, and in a laborious effort—based on an ingenious manipulation of figures—to depreciate the work it has so far accomplished. This we greatly regret. For inasmuch as the School, as it exists, affords the only public opportunity we possess of getting enquirers into the homœopathic method together, and endeavouring to teach them how to apply and test homœopathy, we have a right to expect that, however imperfect and inadequate the present scheme of instruction may be, it should at least enjoy the support, instead of having to withstand the sneers—it should meet with the encouragement rather than the cold water of those who desire the adoption of the doctrine of homœopathy by the entire medical body. That it has not been a greater success than it has been is entirely due, as Dr. BAYES pointed out when speaking at the Congress, to the efforts which have been made by some homœopathic physicians to prevent its being a success.

Dr. DRYSDALE's paper opens with some observations on the importance of the scientific as distinguished from the empirical practice and teaching of homœopathy, that all of us will do well carefully to study. We would here call special attention to the following passage, as one which will well repay reflection :—

“Empirical knowledge of individual specifics,” said Dr. DRYSDALE, “can never put the practice of medicine on a sound and scientific basis; nay, cannot even retain in practice those very specifics themselves, for being recommended only for certain more or less wide species of diseases, without the means of the finer discrimination of individual cases, they are at first extravagantly lauded, owing to the results of a few chance hits, then tried in many cases for which they were unsuited, and in cor-



sequence proving useless, they are unjustly depreciated, and consigned to oblivion. This literally represents the fluctuations of fashion in drugs in the present and past generations, and no improvement can be expected without the recognition of a true theory of drug action in therapeutics."

While this is perfectly true, we would not be understood to depreciate the empirical practice derived from homœopathy which has been so largely developed of late years by Dr. SIDNEY RINGER. We say nothing now of the mode in which it has been done; we refer merely to the practical results which have followed, and as we believe are yet to follow this teaching. It may be true that, as Dr. DRYSDALE suggests, such plagiarism and crypto-homœopathy has led to the curtailment of the numbers of open and avowed homœopaths, but we believe this result has accrued as largely from such advice as that imparted to students by the ex-President of the British Homœopathic Society, in his address delivered at the conclusion of the last session of the Society's meetings. One thing is certain, viz: that we have not now, as we had some years ago, any means of ascertaining how many medical men are practising homœopathy. Whether or not Dr. DRYSDALE's hypothesis be the correct one, we do not believe that "the widespread adoption of our remedies into general medicine" will "ultimately lead to the oblivion of the homœopathic law and the stoppage of progress in therapeutics." On the contrary, by this very "adoption" evidence is daily accumulating of the existence of the homœopathic law. The weight of this evidence will, we feel assured, become, in process of time, so considerable as to compel the acknowledgment of the reality of this therapeutic law. The conviction that it is a true principle of drug selection will, as this "adoption" increases, become irresistible. The opposition to homœopathy at the present time is much more sentimental than rational. It is an opposition promoted by feeling, not one based upon knowledge. Every effort is made to prevent a knowledge of it obtaining free course, as witness the recent proceedings of the Irish College of Surgeons, and more lately the puerile attack upon homœopathy by Dr. DONKIN, in his Introductory Address at the Westminster Hospital, in which he sought, by ignorant misrepresentation of it, to deter students from examining into its merits, while lauding an empiricism as unscientific in its method as it is uncertain in its results.



And why is all this done? Simply because those who do it have, notwithstanding their ignorance of what homœopathy is, committed themselves to the opinion that it is an imposture! An opposition based upon ignorance and ill-will cannot withstand the mass of facts which the empirical practice of medicine is every day accumulating—facts which must ere long make the existence of the law of similars to be known, which must lead to enquiry. The present “widespread adoption of our remedies into general medicine” is, we believe, a step, a very natural step, in the history of therapeutics which will “ultimately lead,” not to “the oblivion,” but to “the acknowledgment of the homœopathic law”—not to the “stoppage,” but to the rapid increase “of progress in therapeutics.”

Our business is to do all in our power to promote such a result by spreading, as widely as we can, a knowledge of the action and uses of medicine from a homœopathic point of view, and by affording opportunities for satisfying the wants of medical enquirers, as to how they may most advantageously apply the knowledge we seek to diffuse. How this, our duty to our profession, may best be performed is very succinctly stated by Dr. DRYSDALE in the following passage:—

“In the first place, we must cultivate a more strict application of the *a priori* method in practice, so that, besides making better cures, our mode of prescribing should demonstrate that we have a better reason for the choice of the remedy than mere (possibly hap-hazard) empiricism . . . In the second place, there is forced upon us the obvious necessity of founding schools by our own party, which, by becoming authoritative foci of doctrine, may hinder the neglect of *a priori* practice and the consequent lapse into empiricism; but more especially wherein students of medicine may be taught the truth respecting homœopathy before they settle in practice, and are finally for the most part withdrawn from all opportunity of learning any new principle of a large or fundamental character.”

The importance of the first principle laid down is too obvious to need any remark.

The need of a School of Homœopathy being thus established, Dr. DRYSDALE proceeds to enquire into the constitution of existing schools in America, on the Continent, and in England.



These he divides into four classes. "1st.—Complete schools or colleges, with the title 'Homœopathic,' which give a license to practise." To these Dr. DRYSDALE justly assigns the credit of the "unexampled progress of homœopathy" in the United States. In the establishment of such institutions, Dr. DRYSDALE comments on the difficulty of "getting the professorships of the neutral branches filled by competent men." There is not a doubt but that this is a difficulty of no mean order; but, as our American colleges do turn out men well and creditably educated, we may take it for granted that, in a country where a very considerable proportion of the population prefer homœopathy, and where in the large cities in which our colleges are situated fully one-third of the medical practitioners are homœopaths, this difficulty is not insurmountable.

2nd.—Schools in which there are separate lectureships and examinations for the two schools, as in the Universities of Pesth, Michigan, and Iowa. The facilities for medical education are, as Dr. DRYSDALE clearly shows, greater in such institutions than in those which are exclusively homœopathic in their therapeutics.

3rd.—Schools in which all the professorships are filled by homœopaths, but in which the name homœopathic is not given to the school. As his illustration of this, Dr. DRYSDALE refers to the Boston University. "We have here," he says, "with the prestige of a university, medicine taught as it will be when the homœopathic theory is fully incorporated into general medicine." It occupies "the position in which all our established medical schools will be when the homœopathic law has received its proper estimation in medicine as a whole." We do not see, however, how TESSIER's position at the Hôpital Beaujon even partially resembles that of the University of Boston. TESSIER was a hospital physician at the time he became a homœopathist. As such his lectures on clinical medicine counted as a part of the curriculum. The medical faculty tried to oust him and failed. This position was, in some respects, similar to that held by Dr. DYCE BROWN at the Aberdeen Dispensary, where his certificate of attendance on dispensary practice was as good for a part of the curriculum for the Aberdeen Degree as that of either of his colleagues, the difference being that, by an ingenious flank movement, the committee of management finally got rid of



him ! The essential difference between TESSIER's position and that of the University of Boston is that at Paris only clinical medicine was taught homœopathically, while in Boston, *Materia Medica* and *Therapeutics*, as applied both to medical and surgical cases, are taught homœopathically. This is a difference which appears to us somewhat more than "partial."

The 4th plan is that adopted at the London School of Homœopathy, where no general medical education is given, but the distinctive parts of the homœopathic theory and practice are alone taught, and no license to practise is given.

Having arrived at what appears to have been the object of his paper, Dr. DRYSDALE now addresses himself to the task of depreciating, with all the ingenuity at his command, the effort to teach homœopathy in the only way which has hitherto been found practicable in this country.

He tells us that, on a recent visit to London, the books of the School were placed at his disposal, and every information courteously given by Drs. HUGHES and DYCE BROWN. Having to his own satisfaction reduced the numbers attending the School from 57 to 24, his next object is to get them down to *two* per annum ! And, as Messrs. MASKELYNE and COOKE observe when exposing spiritualism, "this is the way it's done":—"This gives us," says Dr. DRYSDALE, "a total of 24 medical men and students divided among the two classes for three winter and three summer sessions, i.e., twelve series of lectures, giving an average of only two new pupils for each !"\* The facts are that the summer course of lectures is but a continuation of that delivered in the winter. The winter and summer courses represent the work of one, not of two sessions. The greater proportion of those entering the school attended both courses of lectures. No attendance roll had up to Dr. DRYSDALE's visit been in use, but Dr. BROWN, of his own personal knowledge, was able in his speech on Dr. DRYSDALE's

\* The figures from which Dr. Drysdale quotes are those supplied to him by Dr. Brown, and related only to his class. Consequently, supposing Dr. Drysdale's figures to be correct, they apply to three sessions and six courses of lectures. But, as every one knows, the summer and winter sessions form one *annus medicus*, the courses delivered on the same subjects being simply a continuation of the winter lectures. This gives us twenty-four students, divided over three courses of lectures, or an average of eight new students in each year, instead of Dr. Drysdale's two. Truly it has been well said that figures may be made to prove anything !



paper to state that the attendance at his lectures was a steady average of seven. Dr. DRYSDALE's only reply to this was: "Ah! Dr. BROWN thinks so, but it's a mere impression on his part." It seems to us that the lecturer, even without any regularly kept roll, should be a much better authority on such a question than a gentleman who only appeared in the class room once or twice at the end of the session, at a time, too, when students were beginning to leave town for the vacation between the ordinary winter and summer sessions, and when the metropolitan medical schools generally were already closed!

Having made the attendance out to be two only, he next set to work to show that those who attended needed no teaching. They were, he says, "the sons of homœopathic practitioners, or in some way connected with homœopathy." Supposing such to be the case, and it is in reality far otherwise, are "the sons of homœopathic practitioners," and persons "in some way connected with homœopathy," to have no opportunity for making homœopathy a piece of systematic study? From our intercourse with the sons of homœopathic practitioners, we should say that they needed instruction in homœopathy fully as much as any other young men; and further, they require some infusion of moral courage, to enable them to assert as true that which they know to be true. Too many of them are afraid lest in openly avowing that faith which they possess they should be endangering what they are pleased to suppose are their prospects!

Then we are told "that none but passed medical men *who live in London* can have the benefit of the School." It so happens that of the "passed medical men" who have attended the School, only two habitually reside in London. But we would add that if a very small proportion of the passed medical men living in London, who have time for doing so, attended, our room would be full to overflowing, and a very useful work be accomplished, one which no provincial subscriber would have any reason to complain of, still less to depreciate. It is a simple fact, one well known to all who take an interest in the School, that there are now nineteen medical men practising homœopathy who earned how to do so at the School. Dr. DRYSDALE ignores this altogether, and, as a special pleader against the School, he is wise in so doing.



"There are," says Dr. DRYSDALE, "no students attending or even entered for the Summer Session of this year." There were seven entered, and the attendance was good during the Summer Session of 1880, which we suppose is that to which Dr. DRYSDALE refers.

Having concluded what, with a degree of self-complacency that after the examination we have given it is simply amusing, he describes as his "correct statement of the condition of the School," he next proceeds to consider possible plans of improvement. Let us see what these amount to. That there is ample room for improvement all will admit, and we shall be only too glad to get some hints from Dr. DRYSDALE.

The scheme proposed by Dr. BAYES in our June number is, he says, "a tacit acknowledgment of failure of the present School." It is in reality nothing of the kind. Dr. BAYES, *from the first*, hoped that the School as it exists would but be the corner-stone of an edifice of much more imposing proportions. He never intended to cease his efforts until he had secured a complete School, with a licensing power attached thereto. He made but a beginning, as he thought, in the establishment of the present School.

Dr. DRYSDALE then quotes a passage from a leading article in the *Review* for June, criticising Dr. BAYES' proposal, upon which he puts such an extraordinary interpretation that we must notice it. We wrote: "Were we at the present stage of the history of medicine, to license men to the practice of medicine whose knowledge of therapeutics was limited to homœopathy, such persons would in many ways be inferior to the graduates of universities, and the members and licentiates of colleges,"—there Dr. DRYSDALE stops: it is but the middle of a sentence it is true; but, nevertheless, he stops, and exclaims, as with a sort of pious horror, "We are told that if we have a complete school of medicine, granting degrees, with the teaching of Practice of Physic in the hands of a homœopathic professor, the practitioners turned out would be inferior to the licentiates of allopathic colleges. We are not told that it is from defect of knowledge of the neutral medical sciences, but because their knowledge of therapeutics is limited to homœopathy that they must be inferior to licentiates of the allopathic schools." Had it answered Dr. DRYSDALE's purpose to have quoted the remainder of the sentence, everyone would



have understood the meaning of the extract he made! We added—"While, as things stand at present, the member of the medical profession who has studied homœopathy is superior in medical knowledge to his professional neighbour who has paid little or no attention to it." In other words, a physician who understands the whole body of allopathic therapeutics, together with the whole body of homœopathic therapeutics, is a better educated man than one who only knows one or the other. In a subsequent part of his paper, Dr. DRYSDALE recognises this fact. He says: "That the student should be able to stand an allopathic examination is in every way an advantage, for what is his testimony in favour of homœopathy worth afterwards if he does not know properly other methods to which he alleges it to be superior."

Dr. DRYSDALE then arrives at the following conclusion on the complete school scheme:—

"However, as in the present state of opinion in England regarding medical education, it must be obvious to everyone that the creation of a new licensing body for homœopathic teachers is absolutely hopeless and impracticable, further discussion of it is unnecessary. Therefore, if the progress of homœopathy depends on the education of young medical men in its tenets, we must fall back upon the Michigan and the Boston principles, or at least so much of them as may be possible in this country."

Dr. DRYSDALE now trots out the old horse, "Recognition." We are told that if the London School of Homœopathy were called by some name, that would prevent all recognition of its *raison d'être*, "possibly recognition might be obtained for one or more individual classes established by it." The possible *recogniser*, we learn, is the London University! "Students might," it is added, attend our classes of *Materia Medica* and *Practice of Physic* "in the curriculum, and gain the rest of their knowledge from the ordinary medical schools." "Thus," we are further informed, we should "have the Michigan plan complete in all but one particular, viz.—the London University would not recognise our classes under a sectarian title, we should therefore be obliged to combine with it the Boston plan and give up the title homœopathic prefixed to the lectures." "All but one particular," and that "particular" merely the title! With this "particular" waived there would, it appears to us, still be another of



some importance to be got over before the Michigan plan would be complete, viz., the *examination*! Students might think that a somewhat more important particular than the mere title of the School they studied at. At the University of Michigan candidates are examined by allopathic and homœopathic examiners in Materia Medica and Practice of Medicine and Surgery, according as they have studied under either one or the other. At the examination at the University of London the examiners are entirely allopathic, and so far the homœopathic teaching would be of small advantage. Dr. DRYSDALE gets over any difficulty of this kind by describing it as "a caricature." It is nothing of the sort. The difference between the therapeutic methods taught in the schools, between those which are alone known to the examiners—methods which, for the sake of convenience, are roughly classed as allopathic—and those which are homœopathic, are clear and distinct. Were it otherwise, what need would there be for teaching homœopathy at all? To prepare a student for examination, it would be necessary to teach him these erroneous methods, and for the work of his life to show him why they were erroneous, and what he was to substitute for them. This, we repeat, is no caricature, but a simple fact. Supposing Dr. DRYSDALE could procure the recognition of the London University for lectures delivered at a school where the teaching was homœopathic, though the name thereof indicated nothing of the kind, such recognition would be valueless unless accompanied by that of other licensing bodies. Well-nigh every student who graduates at the University of London takes the diplomas of the College of Physicians and College of Surgeons. The same course of lectures serve for admission to each board. Does Dr. DRYSDALE suppose that any student would take a course of lectures recognised by *only one* board? and that at a time when he could not know whether he would be able to pass that board.

"Finally," writes Dr. DRYSDALE, "we are told by the managers, and repeated by Drs. BROWN and POPE, that, however desirable recognition may be, the time for demanding it is not opportune! This is the never-failing refuge of lean and slippered Toryism when all arguments have been beaten down." What constitutes a "lean and slippered Toryism," we confess that we do not know. That the arguments we have employed on several oc-



sions, to prove that application to the University of London for recognition of lectures on *Materia Medica* and *Practice of Physic*, delivered from a homœopathic standpoint, is useless, if not utopian, have not "been beaten down"—nay, more, not one has received a reply which will stand even the most superficial examination! The simple fact that a course of lectures recognised by only one examining body, and that the most difficult of any for a student to pass, would not answer the student's purpose in attending such a course of lectures, is indeed perfectly sufficient to show the uselessness of Dr. DRYSDALE'S project.

When we heard this paper read at the Congress, we hoped that we could have gleaned something from it that would have enabled us to improve the basis of our present school, and to render it more attractive to medical men and students; but we repeat, that, in the more deliberate study of it, which careful reading has enabled us to give, we can find nothing of the kind, but rather—and especially in his speech at the conclusion of the discussion—a determination to spare no effort, and to use every means to bring the present attempt to teach homœopathy into discredit. This, even from Dr. DRYSDALE'S point of view, is a suicidal policy; for any effort to render the public teaching of homœopathy more effective, through the authority of a University or the State, must be based upon an expressed demand for such teaching as shown by the results of the existing School.

Three courses are, as it seems to us, open to us.

1st. To continue the School on its present plan of giving lectures on "*Materia Medica*" and "*Practice of Medicine*," as supplementary to the ordinary curriculum of medical study. This we can do, we believe, with good results, provided those "friends" of the School who have hitherto done all in their power to prevent its having free scope, who have dissuaded medical men and students from attending it, who have represented it to persons outside of the profession desirous of supporting institutions devoted to the spread of homœopathy as unworthy of their contributions, will simply reverse their tactics, and unite with those who are, at much expense of time and labour, endeavouring to make it a success. That there should be among homœopathic physicians any who are doing all that in them lies to prevent the success of the School, is one of the most



deplorable facts in the history of homœopathy in this country. Dr. DRURY, in his speech at the Congress, regretted the departure from the desultory method adopted at the hospital of explaining cases and treatment to medical visitors by the medical officers. This plan, we believe, prevailed for twenty-five years or more, and we have yet to hear that one single practitioner ever learned there, and in that way either to appreciate the value of, or how to practise, homœopathy! During the three years of the School's existence, nineteen medical men who there studied are now engaged in practising homœopathy. Dr. HAYWARD, too, waxed eloquent in declaring that "we must do something," and in protesting against our going on at the School as we are doing at present. But eager as we all are to improve it, and consequently anxious for some hint how we may best do so, Dr. HAYWARD gave us not one single suggestion!

2nd. To form a complete medical school, with a board of examiners empowered by Act of Parliament to license men to practise medicine and surgery. This is the scheme Dr. BAYES has in hand. Before, however, a commencement can be made, £80,000 are, he tells us, required. Hence no immediate action can take place in this direction. It is to the announcement of this that his paper, read at the Congress, is devoted. Setting forth as it did a more definite scheme than did the one by Dr. DRYSDALE, it received perhaps, fuller discussion than his. To this discussion we must in the meantime refer our readers, as our remarks on Dr. DRYSDALE's paper have already occupied more space than our over-crowded pages this month justify us in appropriating. One error in Dr. BAYES' paper we must, for the sake of our American colleagues, correct. Dr. BAYES publishes a letter from a graduate of Harvard University, dated 1878, showing that he could not obtain an English qualification, and so admission to the Register without an additional year of study. That Dr. BAYES' correspondent went to the wrong quarter for his information appears certain, for we know, as a fact, that a graduate of the University of Boston last year applied to the Society of Apothecaries for admission to examination for their license, solely on the strength of his Boston degree. He was admitted, passed the examination, and is now on the Register as a qualified practitioner within the limits of the United Kingdom, and legally entitled to sign all documents, perform all the functions, and enjoy all the privileges of



a medical man. Without registration, the signing of even a death certificate is illegal, and renders the person so doing liable to prosecution.

3rd. We can wait for a year or two until the Medical Acts Amendment Bill has become law. That there will be some practical outcome from the Report of the last Committee of the House is pretty nearly certain. That this practical outcome will in some way or other take the form of what is known here as the "one portal system," and on the Continent as the "Staats Examen," and in some of the United States as the Board of Health or State Medical Society Certificate, is highly probable. We heard the other day a rumour to the effect that this "one portal system" had been abandoned. If it has we feel tolerably sure that the almost unanimous voice of the profession will demand its reconsideration, and, ultimately, its adoption. When this has been secured, we may, with a very good show of reason, provide an Examining Board which shall test the proficiency of men who have passed through the "portal" in those branches of medical learning, we must, in the meantime, be content to teach as efficiently as we can.

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## ON THE NEED AND REQUIREMENTS OF A SCHOOL OF HOMŒOPATHY.\*

By J. J. DRYSDALE, M.D.

We are all agreed, it may be assumed, that the full benefit of the homœopathic theory, as a means of discovery of specific remedies for human suffering, can never be attained until the truth of the theory is adopted by the medical profession at large. In not too long a time this object would no doubt have been attained by the natural means of discussion and experiment, were it not that the medical profession, influenced by prejudice, from the first refused a hearing to this doctrine, and compelled its upholders to form a separate body. As the said doctrine is not a mere profession of faith, but has to be worked out into a practical art, we are thus obliged to associate together and form societies, publish periodicals and books, and open hospitals

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\* Read before the British Homœopathic Congress, held at Leeds, September 9, 1880.



and dispensaries under a distinctive name. The said name has been made, with the logic of the wolf against the lamb, a protest for justification of the persecution of our body; but it is not in our power to alter it as long as the majority of our profession keep up the exclusion of our doctrine from general medical literature, and as long as they choose to call people who believe (among other medical truths) in the homœopathic theory, homœopathists, we cannot without dishonesty deny that we are what they call homœopathists; although, in fact, we believe that we represent medicine in its entirety, while they who are banded together in the exclusion of a most important medical doctrine may be more properly called the allopathic sect, if such terms are allowable at all.

The question now comes to be how we, having been forced into a separate body and denied a hearing, can best bring back the unity of the profession by convincing them all of the truth of the homœopathic theory. The most obvious way appeared at first sight simply to perfect our method and increase our numbers by individual conversions until we can gain professorships and appointments in the ordinary schools and hospitals. To do this a constant increase of our numbers is essential. We must enquire, therefore, if they increase; and if not, why not? I have already called attention to the fact that here, as in Germany and France, homœopathy has ceased to spread among medical men for some years, and that the homœopathic practitioners hardly keep up in numbers, if they do not actually decline.

For this there are several causes which need only be mentioned, such as the want of novelty which at first attracted attention; the fact that many of the negative advantages of homœopathy have been tacitly adopted into general medicine; *e.g.*, the avoidance of excessive depletion, &c.; the reaction from extravagant and unreasonable hopes excited by the numerous and admirable cures; the trades-union persecution to which we are subjected; and the adoption of many of the remedies discovered by us into general medicine without acknowledgment. All of these are important, but none need be dwelt on in detail, except the last, as a more close consideration of it will reveal the chief cause of the evil, and is especially necessary in searching for the remedy. At first, in addition to the negative advantages possessed by the homœopathic prac-



tioners, every positive cure performed by homœopathic medicines was a direct demonstration of the truth of homœopathy. The practice of medicine was then (or rather aimed at being) almost exclusively systematic, and conducted on general principles with evacuants, stimulants, narcotics, and so forth; and as a few typical specimens of these would suffice, it was the boast that a good practitioner could write his *Materia Medica* on his thumb-nail, and the number of empirically known specific remedies was reduced to the smallest possible compass. In fact, the word specific was, and often still is, tabooed as something pertaining to ignorance or quackery. But now, thanks to the principle of proving drugs on healthy men and animals, borrowed from Hahnemann, the specificity of seat or elective affinity of drug-action is generally recognised as a physiological fact, and at the same time the field of specifically acting medicines is incalculably enlarged by the simple process of adopting a great proportion of our remedies, not as discovered through the homœopathic principle, but solely as empirical remedies recommended on the experience of the best borrowers. A number of these medical jackdaws are now strutting about in their borrowed plumes, mistaking their little temporary notoriety for fame; but my object here is not to comment on the moral conduct of such persons, but to point out that their practice, so far as it goes, is successful in stopping the spread of homœopathy. For students who have been taught to use *aconite*, *belladonna*, *nux vomica*, &c., in certain cases, solely on the faith of *a posteriori* experience in disease, are not likely to be converted to the homœopathic theory when they see us treat the same cases with the same medicines; especially, and this is the point I wish to enforce upon your attention, we also appeal to experience in disease as the ground of choice of the remedy. Whoever in our body habitually prescribes on the indications *ab usu in morbis* alone, is as much an empiric as the mere plagiarist, and can never convert any one to belief in the homœopathic principle; he is no longer an apostle of homœopathy, and can hardly ever be in the spread of it as a confessor and martyr. It is of little avail to tell an enquirer into homœopathy that these medicines were originally discovered through the homœopathic law, and to convince himself he has only to verify the provings. Provings are long and difficult to make, and a law of contingency hides the peculiar and most specific



symptoms so jealously that dozens of provers may try the drug before the pathological *simile* of the disease, so marvellously cured, is elicited. On the other hand cures from *a priori* indications are much more quickly and easily tested, and are infinitely more convincing. Show an enquirer that you can confidently undertake, from the pure symptoms alone of any given drug, to cure a case of disease in which it has never been tried, and he will immediately perceive that you are dealing with a scientific law, and not with the unexplained phenomena of chance results. Hence the empirical use of medicines by our body is as hurtful to the extension of homœopathy as it is to accurate practice and the internal development and perfection of the homœopathic method itself. The sagacity of Hahnemann long ago foresaw this when he wrote so strongly against the *usus in morbis* as an impure and imperfect source of knowledge of the specific healing power of drugs. As the precepts of the Master on this subject seem to have been forgotten, or are at any rate neglected by the majority, it will be well to recall some of the most prominent, and which will be seen to apply to the present crisis. In the illumination of the sources of the ordinary *Materia Medica*, published in 1817, in the 3rd volume of his *Materia Medica*, Hahnemann shows that even if medicines were given alone, and in proper dose, the testing of them at hap-hazard in diseases can never yield trustworthy knowledge of their curative virtues unless in a few quite exceptional instances. Of these, the cure of goitre, syphilis, and ague, by their respective specifics, and of bruises with *arnica* were for long the only representatives of empirically discovered specific treatment. And these were only possible because of the nearly permanent and unalterable form of these diseases. For other tolerably fixed forms, even in the short existence of homœopathy up to 1817, Hahnemann had already pointed out specifics for smooth scarlet fever, in *belladonna*; purpura miliaris, in *aconite*; croup, in *spongia* and *hepar* alternately; whooping cough, in *drosera*; sycotic warts, in *thuja*; and dysentery, in *corrosive sublimate*. Now, after half a century of experience of the homœopathic school and the great advance of pathology in general medicine, we could name many other well-defined diseases in which the homœopathic remedy could be pointed out at once, approximating more or less closely to individual cases. And in such, the



experience in disease might afterwards be appealed to, although the trials were in the first instance guided by the *a priori* indications of the provings. But even for these Hahnemann would by no means allow that to pronounce the nosological name was to indicate the one specific medicine. On the contrary, individualisation was necessary even among them; and not every case of ague was to be cured by *china*, nor every case of dysentery by *merc. corr.*, &c. And beyond these, the vast majority of diseases were only individual illnesses, made up of a combination of morbid states, which never occurred exactly in the same combination before, and, like the pictures in the kaleidoscope, never will again; so that if by chance or by the homœopathic law you get the specific for one case, the knowledge would be of no use, for an exactly similar one might never occur again. This is the more obvious when we reflect that cures with a single remedy must on the homœopathic theory be the exception and not the rule, inasmuch as the morbid picture incessantly changes in the course of the disease, and consequently requires a succession of different remedies. Hence, Hahnemann concluded that the *usus in morbis* must ever remain an impure and deceptive source of knowledge of the specific curative power of drugs. This he repeats in the *Organon*, where, after warning against favouritism and dislike for particular medicines according as we may have been fortunate or otherwise with them as remedies, he bids us "remember that of all the medicines, *that one* only deserves preference which bears accurate similitude to the totality of the characteristic (pure) symptoms." And after yielding, apparently unwillingly, to the desire of his followers to give some results of his therapeutic experiences, he guards them with this precept in a note to the proving of *alumina* in the *Chronic Diseases*, vol. I., p. 83. "To my regret, people have now and then misunderstood the meaning of such testimonies of utility in the prefaces to the provings (not names of diseases cured but only single symptoms, which were mitigated or disappeared during the use of the medicine), and given them out for determining conditions (indications) for the choice of the remedy. This is what they never can nor ought to be taken for; we leave such reception now, as formerly, to our allopathic stepbrothers. Rather should we look upon them only as a small confirmation of the proper choice of the homœopathic remedy,



already made from the correspondence of the pure symptoms of the medicine with the ascertained symptoms of the case." That Hahnemann adhered in practice to the principles here set down is shown by an anecdote related to myself, among others, by Dr. Fleischmann, of Vienna. That distinguished hospital physician was converted to homœopathy by being cured of sciatica by Hahnemann himself, after allopathy had failed in the most skilful hands. Fleischmann was treated by correspondence by Hahnemann, and, ere long, completely cured. Then, naturally, wishing to know the remedies which had been of such service, he asked Hahnemann to tell him. Hahnemann refused, and wrote in reply that the medicines suitable for the cure of such cases would be found indicated by their pure symptoms in the *Materia Medica*; or, if not found there, his own cure would be no guide to future cures, as an exactly similar case would never occur again, so it was of no use to tell him the medicines used."

So much for the principle of the homœopathic method which is in its ideal purely *a priori*, and each cure should be a discovery or scientific prediction requiring no *a posteriori* confirmation. Practically, however, as we all know, we cannot dispense with the *usus in morbis*, to supplement the imperfection of our provings, to interpret the often slight and fragmentary indication of the sphere of action, and for many other reasons not to be entered on here. It is sufficient for our present purpose to make plain that in as far as anyone chooses and recommends any medicine from experience in disease *alone*, he need not be consciously practising homœopathy, although the remedy may be really homœopathic; nor, if he professedly belongs to our school will his practice necessarily demonstrate the truth of homœopathy. For generations before Hahnemann people employed *sulphur*, *mercury*, *cinchona*, and *burnt sponge*, in itch, syphilis, ague, and goitre, without the least inkling of their homœopathic action; and the majority continue to use them now, while refusing to admit any homœopathicity between the medicines and these diseases. In like manner, what is to hinder the bulk of the medical public from adopting and continuing to use as empirical remedies the host of specifics discovered through homœopathy, while ignoring the source of their discovery, and even denying their homœopathicity? There is nothing to hinder them, and, as a matter of fact,



they are doing it every day in practice and in books. But if members of our own body rely also on empirical experience alone for indications in the bulk of their practice, where is the difference between the two parties, and what inducement is there to incur odium and persecution for the sake of a theory which is so little regarded in practice?—truly none; and hence, in so far as the members of our body rely on clinical experience alone, they cease to be propagators of homœopathy. That this, taken in connection with the wide-spread plagiarism of our remedies, is one of the, if not the most important causes of the arrest of progress or actual decline of the homœopathic party in all European countries, I have no doubt. The existence of this preference of the clinical to the *a priori* indications, or even sole reliance on the former, is shown by numerous clinical guides which form the sole ground of prescribing in most cases, and the constant predominance of the clinical grounds in conversation, consultations, and discussions over the *a priori* for the choice of the remedy; by the neglect of the pure Materia Medica, conspicuously revealed by the reluctance to take the small trouble of using the Sympber Repertory, which is the only one by which complete symptoms can be easily found; and, in fact, by the disposition to sink homœopathy altogether in the supposed neutral ground of clinical experience. I know of an instance where a consultation was held between an eminent allopathic specialist, from London, and a provincial homœopathist, in large practice, wherein not only the nature and prognosis of the disease was discussed, but also the past and future remedies, which were strictly homœopathic, agreed upon, although the allopathic consultant was not aware (or, possibly, pretended not to be aware) that the other party was homœopathic. But it may be said by some, if the knowledge of specifics is gradually spread among the profession by the works of borrowers and renegades who ignore or deny the homœopathic theory, may that not be sufficient to fulfil the purpose of that theory? Certainly not, for empirical knowledge of individual specifics can never put the practice of medicine on a sound and scientific basis; nay, cannot even retain in practice those very specifics themselves, for being recommended only for certain more or less wide species of diseases, without the means of the finer discrimination of individual cases, they are at first extravagantly lauded,



owing to the results of a few chance hits, then tried in many cases for which they were unsuited, and in consequence proving useless, they are unjustly depreciated, and consigned to oblivion. This literally represents the fluctuations of fashion in drugs in the present and past generations, and no improvement can be expected without the recognition of a true theory of drug action in therapeutics. This theme is, however, too wide to be more than alluded to here. Suffice it, therefore, to say that the full development of the homœopathic theory demands all the resources of medical science and the co-operation of the whole profession; and the full effect of that theory on the art of medicine can no more be attained when the majority ignore, keep secret, or deny it for fear of persecution, than astronomy could prosper while the heliocentric theory or physiology that of the circulation of the blood were denied or ignored. It is thus obvious that I cannot agree with those of our body who try to console themselves for the decline of our numbers in England by laying stress on the wide-spread adoption of our remedies into general medicine, for as above said, the plagiarists, crypto-homœopaths, and renegades tend to the curtailment of our numbers, and ultimately to the oblivion of the homœopathic law and the stoppage of progress in therapeutics.

It is essential for the proper use of specifics that the homœopathic theory should be adopted into medicine and openly proclaimed wherever it is applicable as the guide in therapeutics. To render this possible it is necessary that our numbers, as a body professing belief in the homœopathic theory should continually increase until we are strong enough to be elected to hospitals and professional chairs in the ordinary schools of medicine, and when in the majority the necessity for a separate designation as homœopathic practitioners will no longer exist. But what is our present position? The increase of our numbers is already stopped before we are strong enough to obtain entry into a single hospital or school by the constitutional process of election, or hold such a position against party cabals if converts are made among professors, as was the case with Professor Henderson, who was turned out of his clinical chair, and thus deprived of the power of teaching the students. What remedy remains for this state of things?



In the first place, we must cultivate a more strict application of the *a priori* method in practice, so that, besides making better cures, our mode of prescribing should demonstrate that we have a better reason for the choice of the remedy than mere (possibly hap-hazard) empiricism. Although even then it will be too late to regain the influence that was exercised by cures with many of our medicines before they were plagiarised. In the second place, there is forced upon us the obvious necessity of founding schools by our own party, which by becoming authoritative *foci* of doctrine may hinder the neglect of *a priori* practice and the consequent lapse into empiricism; but more especially wherein students of medicine may be taught the truth respecting homœopathy before they settle in practice, and are finally for the most part withdrawn from all opportunity of learning any new principle of a large or fundamental character. We must remember that although in this country hundreds of qualified medical men are added to the allopathic ranks every year, while the homœopathic party can barely claim five or six conversions, it must not be supposed that all these new practitioners have tested the respective merits of the two methods, and proved in overwhelming numbers in favour of the allopathic. Nothing of the kind; they have simply believed and adopted what they have been taught. And as they have been taught to use our remedies empirically, while the source of them is sedulously concealed from them, and homœopathy, if spoken of at all, is depicted as a mere caricature, and they are at the same time warned that the slightest disposition to favour, or even to fair investigation of it, will be visited with professional ostracism and exclusion from all hope of the higher honours of medicine, they simply accept the teaching and continue through life to assert and most likely believe that homœopathy is the absurdity it was said to be, even when daily using the remedies discovered through means of it. It is obvious that if the teaching of students were in our hands the case would be exactly reversed as regards numbers, although I hope and trust we would not exhibit the unfair and persecuting spirit that has been shown to us. Our object being thus to counteract the hindrances which have been put in the way of fair investigation, by taking in hand the teaching of young men, let us consider the different ways in which schools for such teaching may be constituted.



1. Complete schools or colleges, with the title "Homœopathic," which give a license to practise.
2. Mixed allopathic and homœopathic schools or colleges giving a license to practise, in which there are separate lectureships and examinations for the two methods.
3. Schools or colleges giving licenses to practise, in which the professorships are wholly filled by homœopaths, but the name homœopathic is not given to the school, as is expected to be the case when the homœopathic theory is generally received into medicine.
4. Schools with the title "Homœopathic," in which no general medical education is given, but the distinctive parts of the homœopathic theory and practice are alone taught, and no license to practise is given.

The first or complete schools, entitled "Homœopathic," giving license to practise are represented by the bulk of the now numerous schools in America.

I give here a list of these schools, with a few of the most important particulars respecting them.

The Hahnemann Medical College, of Philadelphia. Has been established for 32 years. Students entered—over 200 in 1879-80. Graduates, in 1880, 75.

The Cleveland Homœopathic Hospital College. Established 31 years. Graduates, in 1879, 25.

The Homœopathic Medical College of Missouri, St. Louis. Established 21 years. Graduates, in 1880, 25.\*

New York Homœopathic Medical College. Established 20 years. Graduates, in 1879, 40. †

\* At this school, in addition to the Homœopathic "Good Samaritan" Hospital and the College Dispensary, the students for clinical instruction are admitted with their professors into the City Hospital, "by the act of the Board of Health." This, I presume, is an example of the power of numbers, enabling our body to claim equal rights with the old school in the public hospital.

† For clinical instruction this college has the advantage of the Ward Island Hospital, containing 600 beds supported by the State, and with a homœopathic medical staff. Also the New York Ophthalmic Hospital, the staff of which are also homœopathic. This is one of the largest and best conducted eye hospitals in America. Here, again, we see the influence of the power of numbers in our body; for the allopathic staff was simply displaced by the votes of the governors.



**Hahnemann Medical College of Chicago.** Established 20 years. Graduates, in 1880, 87.\*

**The Pulte Medical College of Cincinnati.** Graduates, in 1880, 32.

**The Chicago Homœopathic College.** Established 4 years. Graduates, in 1879, 31.

In the *Hahnemannian Monthly*, for July, 1880, I find this statement:—"Eleven colleges, all in good standing, have had 1,192 students, and graduated 387 in the past year." This shows the existence of one school not included in the above list, with the addition of the Michigan, Boston, and Iowa schools.

These have been a great success on the whole, and it is to them that is owing the unexampled progress of homœopathy, as measured by the number of practitioners, which are now counted by thousands in the United States, and constitute about one-fifth of the total number of medical practitioners.† The great majority of the homœopathic practitioners in the United States are graduates of these colleges, and were therefore taught homœopathy from the beginning of their medical education, while the minority are graduates of the other homœopathic schools or are converts from allopathy. The benefit of numbers is reflected on the internal progress and development of homœopathy, particularly in the proving of new remedies, which languishes in Europe, and in the publication of books whereby the progress of homœopathy has been advanced; an advantage which is shared by England and her Colonies, owing to the identity of language.

The establishment of such schools here and in other European countries would naturally be followed by similar results, and would of course be extremely desirable if practicable, in spite of some defects, even if these could not be obviated. One of the defects of the principle of such schools will be ultimately made manifest by their very success, namely, that when the whole profession is converted to belief in the homœopathic theory, the name will no longer distinguish them, and will become superfluous.

\* The total number of graduates in this school since its commencement up to 1880 (ending 1st May) amounts to 673. Almost three times as many as the total number of practitioners now in active practice in this country.

† The Chairman of the Bureau of Registration and Statistics, Dr. J. T. Talbot, reports in the *Hahnemannian Monthly*, for July, 1880, that the most trustworthy register of homœopathic practitioners in the United States contains the names and addresses of 6,000.



What is then to become of the property and endowments? We may safely leave that question to posterity, but may there not be a danger in the nearer future, of these colleges being put down by the tyranny of the majority; for while the allopaths and the public they represent are still four to one of the homœopaths, one must have some misgivings. Far more important than these speculative objections is the following, viz., the difficulty, especially in the early days of homœopathy, of getting the professorships of the neutral branches of medical education filled by competent men. For how can we expect men eminent in chemistry, physics, botany, anatomy, physiology, &c., to accept posts in an apparently sectarian school, whose title is given by a therapeutic doctrine to which they are hostile or indifferent? Homœopathic colleges must therefore be restricted in their choice of professors to the comparatively narrow field of homœopathic converts within which the choice of men eminent in their departments must be limited. The consequence must generally be that these posts will be filled by medical practitioners more or less hastily and imperfectly qualified for the task, the classes also being small and secluded from the criticism and spirit of emulation engendered in large classes presided over by eminent men, a low standard of general medical education will be the result. These anticipations have been, I regret to say, realised by the experience of the majority of the American Homœopathic Colleges, for I have been informed on unquestionable authority that even in the best of these the teaching of physiology and chemistry is poor, and as a general rule the teaching, except in the distinctive parts of homœopathy, is not as thorough, nor as good on the whole as in the colleges of the old school. The consequence of the prevalence of a lower standard of general medical education among the homœopathic body of practitioners must be extremely injurious to the spread of the doctrine, and tend to confirm the prejudices of the members of the old school against it. It must be also very injurious to the development of homœopathy itself from the want of the critical faculty which springs from a solid education in science; this want tends to make men credulous, extravagant, and incapable of distinguishing true homœopathic adaptation from mere symptom-covering, as well as natural recoveries from medicinal cures. These drawbacks have doubtless detracted more or less from the influence of the



homœopathically named colleges on the progress of our doctrine. Nevertheless that influence has been not only great and beneficial, but is the foundation of the other kind of colleges, for without the increase of numbers of practitioners produced by the "homœopathic" colleges, no others could have been possible.

2nd. The mixed system is represented by the University of Pesth in Hungary and by those of Michigan and Iowa in America.

With respect to the University of Michigan, the following details have been kindly furnished to me by Professor Samuel Jones.

This University contains separate allopathic and homœopathic faculties, but the diploma qualifies for full medical practice equally in both. The official title of the homœopathic faculty is "University of Michigan Homœopathic Medical College," and its diploma bears the signature of only the President and Secretary of the University. The faculty of the Homœopathic College is composite. Four avowed homœopaths lecture on Materia Medica and therapeutics, theory and practice of medicine, surgery, obstetrics and diseases of women and children. These lectures are delivered in a separate college building, situated on the 40-acre plot of ground, containing all the different departments of the University. For anatomy, physiology, and chemistry, the homœopathic matriculates attend the lectures of a respective old school professors, in the old school college building, and with the old school matriculates. In the physiological and the chemical laboratory the two classes meet and work together. The homœopathic matriculates attend only such lectures in the old school college as I have mentioned. No old school matriculate attends any lectures in the Homœopathic college save as a casual visitor and from curiosity. Examinations for the degree are conducted by a separate Board ofensors for each college. This Board consists of two members who are appointed by the Regents. Our matriculate and graduate list is as follows :—

Year.	Matriculates.	Graduates.
1875-6	24	none
1876-7	51	18
1877-8	78	22
1878-9	68	25
1879-80	76	26

The history of the introduction of homœopathy into the University of Michigan is interesting and instructive.\* In 1855

\* See Historical Sketch of the University of Michigan, by C. K. Adams. Ann Arbor, 1876.



the Legislators of the State passed a law giving the Regents various powers, "Provided that there shall always be at least one professor of homœopathy in the department of medicine." The Board of Regents, however, refused to put this in force, and then began a contest between the allopathic authorities in the university and the legislature, acted on by the homœopathic portion of the public, which after twenty years resulted in the establishment of the homœopathic faculty above described. Professor S. Jones sums up the history and principles of this contest in these words. "Homœopathy owes its introduction into the Universities of Michigan and Iowa to these facts:—1st. The people have faith in the homœopathic system. 2nd. These Universities are supported by the public monies. 3rd. The people control, through their legislators, the appropriation of the public monies: the people finally said, in Michigan admit homœopathy into the University or we will cut off appropriations of public money for the University. In consequence, during the five years we have been in the university the legislators have voted us \$10,500." Dr. Jones adds, "When my English brothers get a vote, homœopathy will fare in England as it does in America. God speed the day!" \*

The principles of the mixed system are similar in the University of Iowa, so it is unnecessary to enter on them in detail. It need only be noticed that it has been in existence three years, and the number of graduates was three in the second year and eight in the third year.

The mixed system is an unquestionable advance on the purely Homœopathic College system, inasmuch as the facilities for general medical education are much greater: in fact, there are the advantages which a large medical school possesses over a small one in the teachers, the apparatus, the libraries, and the museum. There are likewise the more complete expression of the medical spirit, and the homœopathic students are subject to the spirit of emulation and to criticism while working side by side with the allopathic students. It shares, however, in some of the drawbacks of the pure Homœopathic Colleges, in that it is a transition system, and also that its existence being dependent on a mere vote of the legislature, it may be possibly extinguished in the same way in which it was created. The system depends, in fact, on the existence of a majority, or, at least, a large and respectable minority of

\* Our respected friend is evidently not aware that in this democratic country of ours scientific education is strictly left to itself, and gets no "votes."



homœopathic believers in the people. The existence of this large body of believers was brought about mainly by the Homœopathic Colleges, which thus have indirectly been the parents of the mixed system and the Boston system to be presently considered. It must be recollected that the graduates turned out by the Michigan University are still four of the allopathic to one of the homœopathic school, and the causes of disintegration of the homœopathic body which have produced its stagnation and even partial decline in Europe are at work in America, to the same extent as here; so if the inferiority in general medical culture of the graduates of the Homœopathic Colleges goes on to neutralise to any considerable extent the advantage of their numbers, the public favour to homœopathy will be so far diminished that the mixed system may be abolished. Other difficulties are incident to the mixed system, such as the hostility of the allopathic professors, who, if they resemble the practitioners in this country, such as the average members of the British Medical Association, or of the medical societies, will be apt to display vulgar and insulting behaviour towards their homœopathic colleagues. I have been told that on the occasion of an error of diagnosis by the homœopathic professor of surgery, the allopathic professor having on this occasion been more correct, boasted of his triumph before the students in his class, and held up the case as a proof of homœopathic ignorance and general nullity of the whole system. It may be difficult to find teachers who are willing to expose themselves to such vulgar and unprofessional conduct, and it shows at the same time that the homœopathic body should be careful to select the most competent men in the country for such responsible and representative posts.

The third mode is represented by the Boston University in its complete form, and was partially so by Tessier's Clinique, in the Hôpital Beaujon, and would have been by Henderson, of Edinburgh, had he not been turned out of his clinical professorship on adopting homœopathy. The Boston University, by a fortunate chance, enables us to show in our own day what the medical teaching of the future will be. We have here, with the prestige of a University, medicine taught as it will be when the homœopathic theory is fully incorporated into general medicine. Its influence is there shown not to be of an exclusive nature, but only being felt where it is applicable, and then



only exclusive in the sense of superseding other means when better than they.

The Boston University containing faculties of Science, Theology, Law, Arts, Music, and Agriculture, had already existed for some years, when in 1873 it was determined to add a faculty of Medicine, and the governors filled up all the professorships with believers in, or avowed practitioners of, homœopathy. But the title remains simply the Faculty or the School of Medicine of the Boston University, and the respective classes are named those of "Clinical Medicine, Materia Medica, Pathology and Therapeutics, Surgery, Obstetrics, Diseases of Women, Institutes of Medicine, Ophthalmology, Physiology, Anatomy, General and Medical Chemistry, and Practical Chemistry." Neither in the name of the school, nor in the titles of the lectures is the word homœopathic used. Not only is the medical education complete in this school, but in it has been adopted a higher standard than is exemplified as yet in any American medical school. The success of this school is great and increasing. During the seven years of its existence the total number of graduates amounts to 223; the annual number varying from 85 to 45. From the high standard of preliminary education demanded, and the existence of a four years' course of study, this is probably the best of the Homœopathic Colleges, though, in some respects, the Michigan School may have the advantage as being a larger school for the general classes. The principle of the Boston University School is the one which should be the ultimate aim of all our schools. It is free from the appearance of sectarianism, and is permanent and not transitional like both the first and second systems in our list. It is also exempt from the danger of destruction by the caprices of a popular vote of the legislature. In fact, it is simply in the position in which all our established medical schools will be when the homœopathic law has received its proper estimation in medicine as a whole.

The clinical teaching of Tessier was a partial application of the same principle as the Boston University, viz., when Tessier succeeded to the Hôpital Beaujon, he taught clinical medicine to the students as a part of their regular course qualifying for their degree. The clinical teaching was not called homœopathic as separate from the ordinary and proper teaching of the students, but the homœopathic nature and action of the remedies was openly taught to them, as it will be ultimately by the established hospital physicians. The tyranny of the majority was brought to bear in this instance as usual, but the then Imperial Government refused to listen to the allopathic cabal and



ter the law of Concours, whereby Tessier had been appointed. What a pity it was that the clinical professorship of Henderson was not also in the power of laymen!

The effect of Tessier's teaching addressed to the students during their medical curriculum was immense, and homœopathy received an impetus in France which raised it for a time, during his lifetime, to an important position. It would seem that the partial application of the third plan would be the most hopeful thing for us to aim at in European countries, viz., that we should endeavour to get one or two chairs recognised as part of the ordinary course of the curriculum. After all, it is only in *Materia Medica* and therapeutics that we differ, and therefore complete medical schools are not necessary.

Of the fourth plan there is no example in America, nor, as far as I can learn, has a system of lectures which do not form a direct part of the curriculum for obtaining a license to practise been called a school anywhere except in the "London School of Homœopathy," as at present conducted. It is true that the London Homœopathic Hospital has from its foundation been called the Homœopathic Hospital and School of Medicine, and both there, and at the formerly existing Hahnemann Hospital and School, series of excellent lectures have been given by Drs. Russell and Dudgeon, and others. It is true also, that all homœopathic hospitals and dispensaries afford opportunities of studying homœopathy, and have been, hitherto, the only means of making and teaching converts in this country. But neither to these, nor to the more or less desultory and interrupted series of lectures could the name of a school of homœopathy have been with propriety given. A great effort was therefore made in 1876—begun and chiefly carried out with the most praiseworthy energy by Dr. Bayes, to found a systematic school. This was warmly and zealously responded to by the medical and lay friends of homœopathy, and a sufficient sum of money was raised and subscriptions were promised for five years, on the understanding that the new school was to be distinct from and independent of the hospital in Great Ormond Street.

In due time a managing committee was formed, which began to collect a museum of *Materia Medica* and a library, and appointed a curator for the same, as well as a paid secretary, and two lecturers, viz., Dr. Hughes for *Materia Medica*, and Dr. D. Brown, for Practice of Physic; each of



which gentlemen was to deliver winter and summer courses of lectures.

As three out of the five years for which subscriptions were promised have now elapsed, it may be useful to review the progress that has been made, and consider how far it has fulfilled the purpose of a school in training up students in a knowledge of homœopathy, or even instructing converts among passed medical men. On a recent visit to London, the books of the school have been placed at my disposal, and every information courteously given by Drs. Hughes and Dyce Brown, and the following is the result:—

The total number of names entered in the books of the school from the commencement up to the 29th May, 1880, is 57.

Of these, 8 were non-medical female missionaries, to whom a separate short course of lectures was given by Dr. Blackley: 7 were non-medical amateurs, who attended more or less irregularly; thus leaving 44 medical men and students. Of these, 36 were passed medical men, and 10 were students, *i.e.*, attending ordinary medical classes elsewhere, with a view to obtaining a diploma or degree. Of the passed medical men who had their names on the books, 8 never attended any lectures at all, and 6 only a few; while 20 attended regularly one or more sessions. Of the students, 6 never attended, and 4 attended regularly. Of these 4 students, 3 are male, and 1 female.

This gives us a total of 24 medical men and students, divided among the two classes, for three winter and three summer sessions, *i.e.*, 12 series of lectures, giving an average of only 2 new pupils for each. Several attended both classes for more than one session, but even then it was difficult to keep up a class. This reflects the greatest credit on the lecturers, who have steadily persevered in the face of such discouraging circumstances, and demands our deep gratitude for their zeal in our common cause. In a new undertaking of this kind great difficulties must be expected, and we must not be too readily discouraged by the smallness of the numbers who attend such classes at first. But, as said above, seeing that plagiarists, crypto-homœopaths, and renegades are of no advantage to homœopathy, and its true progress is measured by the number of qualified medical men who openly avow its truths, we must test the value of a school by its power of adding new medical men, either from the student stage or later to our body. From this point of view a closer scrutiny of the doctors and students attending the classes gives the following results:—Of the 10 students originally entered, 6 at once renounced attendance on the plea that the distance from the other medical schools to the Homœopathic Hospital was too great, and, besides that, their time was so fully occupied that



they could not attend classes *in addition* to those already compulsory on the same subject at the other medical schools. Most or all of the students entered were sons of homœopathic medical men, or in some way connected with homœopathy, and were willing and anxious to study it, but having no facilities during their student days, some of them may be driven away from it for life. Of the 4 students who did attend, 1 is the son of a homœopathic practitioner, who can give him ample opportunity of studying homœopathy after getting his degree. Of the other male and 1 female student, I could learn nothing; but, ranting that through the teaching of the school they ultimately became homœopathic practitioners, that is hardly to be called a satisfactory result. We all hoped, and many of us expected more. Now, when we look at the example of America, and apply the rules of common sense, we must see that the action on students is the touchstone of the school; and the effect with passed medical men must be of secondary importance. For it is during the student days only that young men are gathered together at the medical schools, and only a small number can afford to stay there for another year or so after passing, but are compelled to disperse into practices in the country at once. When the foundation of the London School of Homœopathy was discussed at Clifton, one proposal was that it should be called the British School of Homœopathy: this was not carried, and truly, if from whatever cause students do not attend it, the present name became only too appropriate, for none but passed medical men who live in London can have the benefit; a result not desired or contemplated by the founders and subscribers. Even among those, comparatively few can have the benefit of the course of Practice of Physic, for there being only two lectures a week, Dr. Brown finds that he cannot undertake the entire field of therapeutics in less than two winter and two summer sessions, even when the hearers are referred to allopathic text books for information on all pathology, semeiotics, &c., which are here omitted. The lectures were remodelled in this sense, with the consent of the managers, owing to the failure of attendance of students. We may therefore enquire how far the school has added to our numbers by the conversion of passed medical men. Among the 20 regular attendants, the great majority were the hospital house-surgeons for the time being, who were always expected to attend, and medical men who are actually in practice—some whose names were at the time in the *Homœopathic Directory*. One of these can be considered converts through the school. Thus, one gentleman who had practised homœopathy in Australia, and another homœopathic M.D. from America, attended one or more sessions. There are only three doctors who are stated to have come to the introductory lecture, and in conse-



quence of what they heard attended the course and became converts. It is quite as likely that these would have been converted by books and hospital or dispensary work, as hundreds of us have been. So it is impossible to say with certainty that the school has as yet added any convert to our numbers. It is, no doubt, well to have lectures going on at which enquiring medical men can have such good instruction, and there has been but one single opinion among all that the lectures of Dr. Hughes and Dr. Brown have been unexceptionable in quality. But the total results can hardly be considered satisfactory. In fact, to keep the lectures going has been an effort of praiseworthy zeal on the part of our body in London. While there last May, I was present at two lectures, and on entering the room I found, on the first occasion, only two hearers—one was the gentleman from Australia, and the other one of the house-surgeons. After a time, another gentleman came in, and he was a practitioner in London, residing in a fashionable street, and whose name is in the *Homœopathic Directory*. On the second occasion, when Dr. Hughes was delivering a most interesting and instructive lecture, there were also only two persons present on my entrance, viz., the gentleman from America, and one of the house surgeons. After a time, the same London practitioner came in. These instances are, I believe, a fair sample of the attendance. There are no students attending or even entered for the summer session of this year.

Such is a correct statement of the condition of the school at the end of three years' existence: it is far from what the subscribers and friends of the cause hoped and expected; but it would be worse than folly if we shut our eyes to the true state of the case, instead of looking the matter in the face, and searching for any means of improvement before the funds are exhausted.\* The above report will no doubt be, to a certain extent, a surprise to non-residents in London and to our friends in America, whose idea of the school is founded on the official reports, and those of certain correspondents of the American journals; not that these reports state things as facts which are not true, but there are grave omissions, and the mention of

\* The total receipts from donations, subscriptions, interest, and lectures during the three years 1877-78-79, amount to, in round numbers, £4,837. The expenditure, including subsidies to the hospital, amounts to £3,014; leaving a balance of £1,695. This, with the probable donations and subscriptions for the next two years is all we have to look to with certainty. In 1879 these amounted to £30 and £450 respectively; and if this represents the probable income of the next two years, £2,655 is the extent of the School Fund.



numbers of entries, of prizes and of examination questions, and the like, gives the impression of a flourishing, well-attended school, which is, unfortunately, very unlike the reality. It appears now obvious, and it is to be regretted, that the managers, without any comprehensive study of the subject, have simply gone back upon the old lines of the Hanover Square and the Hahnemann Hospitals, and instituted teaching which is out of the reach of students, properly so-called, and is addressed to passed medical men only. In fact, our lectures resemble most those occasional lectures given at the College of Surgeons on novel points in medicine or surgery, and on which the attendance is merely complimentary, and the only real instruction is derived subsequently by perusal of the printed discourses. For here we cannot but feel that the hearers might have earned as much or more from books and oral instruction in the hospital or dispensary. Formerly, in the early days of homœopathy in this country, such lectures might have been useful when our numbers were so few and books scarce, but now this principle is no longer applicable, and, as a matter of fact, has failed so far, and gives no reasonable hope of better things in the future. So I think that the whole scheme of the school should be again thoroughly discussed, and if possible, some plan of amendment evolved. This is the more necessary since no proper discussion of the matter has taken place since the Clifton Congress. I was surprised to find that so little interest is taken by our body generally, in London, that the members of the committee can hardly be got to attend; and I am informed that owing to the difficulty of forming a quorum the manager (non-medical) of the hospital has been put upon the committee, and the meetings have to be fixed near the time of the hospital business meetings in order to secure at least a quorum. The management has virtually fallen into the hands of one or two active members, as is usually the case with committees, and there is a general disposition to avoid discussion and discourage interference on the part of the general body of governors. This is not a wholesome state of things, and I trust that those present to-day will speak out fully, for it is my opinion that unless some radical improvement be made speedily the school will come to an end as soon as the subscriptions are exhausted, without having been of more, if, indeed, so much, temporary benefit to our cause as the previous schools, viz.,



the Hanover Square and the Hahnemann Hospital Schools, and of no permanent benefit whatever.

I now proceed to a consideration of the possible plan of improvement which may be suggested by the experience of our American brethren, and which I hope may assist in the discussion.

There is, first, the establishment of complete "Homœopathic Medical Schools," giving degrees.

A scheme for this purpose is brought forward by Dr. Bayes, in the June number of the *Monthly Homœopathic Review* of this year, and he invites the co-operation of medical and lay friends of homœopathy. This is in the first place a tacit acknowledgment of failure of the present school, and of the correctness of the arguments for its reform so long resisted by Dr. Bayes, and implies the destruction of the present school, or its amalgamation with some new scheme.

Drs. Pope and Dyce-Brown refuse to follow Dr. Bayes thus far, and in the same number of the *Monthly Homœopathic Review* object entirely to his scheme, on the ground that it would "throw back, rather than hasten, the time when homœopathy will be the basis of all drug therapeutics." For "to organise, as it were, a new profession, to have a special licensing board for homœopathic practitioners, would assuredly place us in that sectarian position we are even now said to occupy, would cut us off from the profession of medicine. . . . and prevent us asserting our rightful position. . . . It is one thing to be unjustly put in a false position, it is another deliberately to choose it. The first is remedied by time and increase of knowledge; the second is well nigh irremediable." Again, "were we to license men to the practice of medicine whose knowledge of therapeutics was limited to homœopathy, such persons would be in many ways inferior to the graduates of Universities and the members and licentiates of Colleges." This last seems to me a very remarkable statement, coming from those who resisted a proposal that our lecturers at the London School of Homœopathy should teach *Materia Medica* and *Practice of Physic*, completely and just as we practise them, without a sectarian title, and should claim recognition from the licensing bodies. It raises also the question, "What is homœopathy?" in a very unexpected way, as coming from the teachers of homœopathy in the



only professed school of homœopathy in this country. I have already given one objection to the homœopathic colleges of America—viz., that the teaching on general medical science is not likely to be so good as in the allopathic schools, owing to their small size and sectarian title; but here we are told that if we have a complete school of medicine granting degrees, with the teaching of Practice of Physic in the hands of a homœopathic professor, the practitioners turned out would be inferior to the licentiates of allopathic colleges. We are not told that it is from defect of knowledge of the neutral medical sciences, but, because their knowledge of therapeutics is limited to homœopathy, that they must be inferior to licentiates of allopathic schools. What sort of homœopathy is that? We shall return to this question farther on. The inconsistency of all these arguments with the action of forcing the present school into a sectarian position is so plain that no farther comment is required. Everyone can see that a partial and incomplete school with a sectarian title has all the evils of sectarianism with none of the power of a complete school granting degrees. On this point, therefore, if the thing were practicable, I would side with Dr. Bayes; for the experience of America has abundantly demonstrated that the good effected by the sectarian schools in multiplying practitioners far outweighs the evil of the sectarian title, the blame of which virtually falls upon the allopathic majority for their unscientific exclusion of the homœopathic theory from proper investigation. Even, however, if the thing were practicable, I would not quite go with Dr. Bayes, but rather seek a new licensing body on the Boston University plan, which completely avoids sectarianism, although no doubt it would be, at least at first, exposed to the evils of imperfect teaching of the general medical sciences which is incidental to all small schools.

However, as in the present state of opinion in England regarding medical education, it must be obvious to every one that the creation of a new licensing body for homœopathic teachers is absolutely hopeless and impracticable, further discussion of it is unnecessary. Therefore, if the progress of homœopathy depends on the education of young medical men in its tenets, we must fall back upon the Michigan and the Boston principles, or at least so much of them as may be possible in this country.



Soon after the London School was founded the question of its title arose, and many of us began to perceive that if a sectarian title were given it would interfere with any prospect of having its classes recognised, and thus the teaching of homœopathy incorporated with the authorised medical education of the kingdom on the Michigan principle. We therefore counselled delay, and a further consideration of the subject before making it a sectarian school. Unfortunately, however, the present managers, who had already secured the whole power, refused to listen to these prudent counsels, and the present name was decided on at the first meeting. The managers encourage the supposition that this step received the sanction of the majority of the medical governors at the congress of Liverpool, but I cannot admit this, for I think the minds of those present were prepossessed, and what they then really meant was to negative an ill-judged proposition which had recently been made to endeavour to heal the breach between allopathy and homœopathy by simply our sinking the name "homœopathic" in all our professional and scientific proceedings—becoming crypto-homœopaths, in short—a plan which I have already spoken of as impracticable, because impossible from our side, for we have no choice in the matter without dishonourable and unscientific concealment: and one which bears no resemblance at all to the open teaching of homœopathy in the University of Boston. Nevertheless, the school managers persevered with the sectarian title, and thus put the school as a whole, hopelessly out of all chance of following the Boston principle. Next year, however, unexpectedly we learned that although the London School of Homœopathy had no chance of its teaching being recognised as part of the authorised system, yet possibly recognition might be obtained for one or more individual classes established by it. This would place us nearly in the position of the Michigan system and would be of the greatest benefit to our method, by at once attracting students who, as we have seen, do not attend our present classes.

If, for example, our classes of *Materia Medica*, and of *Practice of Physic* were recognised, say by the London University, then students might attend them in the curriculum, and gain the rest of their knowledge from the ordinary medical schools. They would thus get their degree like others, while having the advantage of the best



medical schools for all neutral branches, and at the same time of homœopathic teaching in the distinctive practical departments. They would thus have the Michigan plan complete in all but one particular, viz., the London University would not recognise our classes under a sectarian title, we should therefore be obliged to combine with it the Boston plan and give up the title "homœopathic" prefixed to the lectures. As you are all aware, a committee was appointed and drew up a memorial, which they recommended to be presented to the Senate of the London University.\* At a

\* *Memorial to the Senate of the University of London.*

"My Lords and Gentlemen,—In an art like medicine, which rests on science, and hence must be progressive, difficulties necessarily occur in the adaptation of new discoveries to practice. As believers in the homœopathic theory of the therapeutic action of drugs, not, be it observed, as an exclusive dogma, but as a scientific principle which must take its due place, and no more, in determining the practice of medicine, we are feeling the pressure of these difficulties.

"Seeing that the teaching of medicine including this theory is not represented in the recognised medical schools of this country, a body, recently called 'The London School of Homœopathy,' has instituted two lectureships, which fulfil this purpose. These lectures are entitled respectively, '*Materia Medica* and Therapeutics,' and 'The Practice of Physic.' They have been delivered twice a week by qualified members of the medical profession for the nine months of two successive years, we now commencing their third year, and provision has been made by endowment for their continuance during a series of years.

"It is prayed that these lectures on *Materia Medica* and on Practice of Physic be recognised by the University of London in its prescribed curriculum of study, as qualifying equally with lectures on the same subjects given in the medical schools already recognised by your University.

"In support of this prayer we beg respectfully to urge the following considerations:—

"The alternative of founding a complete medical school, in which the homœopathic theory shall receive due recognition, has been considered by us, and we have a precedent for it in the medical faculty of the University of Boston, U.S., now one of the most flourishing medical schools in America. Such a school, completely organised, would no doubt reasonably claim recognition from all licensing bodies; but we have neither the means of furnishing the requirements of such a school, nor of connecting it with an hospital of sufficient size; nor do we think it is called for, seeing that this country is already well supplied with such institutions; nor does it seem to us desirable, as it might create some narrowness of views by the exclusive association of those holding a distinctive principle in common. There is also nothing in the nature of anatomy, physiology, pathology, natural history, chemistry, or even of operative surgery and obstetrics which is modified by our distinctive theory and practice. Besides, we are not desirous to establish a small, though complete, medical school, as this might fail to communicate the proper medical spirit which is developed in the large metropolitan schools.

"In support of the representation of our distinctive theory, we would likewise urge that through it a large number of remedies for important



special meeting of the school this recommendation was rejected by the casting vote of the chairman, seven voting for it, and seven (including the managers) against it. The numbers make little difference, for unless we were nearly, or quite unanimous, there would be no chance of success, the difficulties being so great. Nevertheless, by perseverance we might prevail, as, though the numbers of the homœopathic body are small, yet there is strong sympathy in influential quarters with us, owing to the unscientific and persecuting spirit which has been displayed towards us. It is, therefore, to be regretted that the managers have as yet thwarted this movement, as they can do, even if in a minority at a meeting. At the meeting there was a lady-governor present, who did not vote, otherwise there would have been a majority in favour of the memorial, for after the meeting she expressed to Dr. Black her regret that such a plan was not followed, for she had two sons entering on the study of medicine, and she would have liked them to attend the school, were it not that the present plan made it useless for students. I may here consider the objections which were alleged in opposition to the plan.

It was first objected that the memorial prayed for recognition of our lectures on *Materia Medica* and *Practice of Physic* in lieu of the corresponding lectures in the established schools, and that we should ask for recognition simply for the lectures. This is to me unintelligible; unless our lectures qualify equally with and instead of any other lectures on the corresponding subjects, they cannot of course be called recognised at all. Students require no permission from the university to attend any extra lectures they please.

Then it was objected that in lecturing twice a week it was impossible to get through the subject of *Practice of Physic* in less than two winter and two summer courses. To this it may be said that if necessary the lectures should be five times a week, and what is done at other schools should be possible in ours.

and frequently-recurring morbid states have been discovered, and the number of such remedies is being increased every year. Moreover, many of these are being adopted year by year into ordinary practice, empirically, and without acknowledgment of their origin, and the modification of ordinary practice thereby induced is extending rapidly. It is desirable, intellectually, and even morally, that a method which has made known these remedies should be openly taught."



But the real objection is the difficulty of arranging the lectures, especially of the Practice of Physic, so that they shall represent the medicine of the future, viz., medicine as it will be when the homœopathic theory receives its proper place, and is used as the guide in treatment only when it is applicable and is the best guide, neither more nor less. For we all know that a considerable variety of non-homœopathic auxiliaries are necessarily used by us all. Many of these may be called allopathic, and certainly among the most important duties of the lecturer in our school should be to teach the student and enquirer when and where these allopathic auxiliaries are not only compatible with homœopathic, but essential to complete medical practice. This is a great difficulty, but it is one that must be faced in any professed school of homœopathy, whether it seeks recognition or not; and it is here that a school professing to teach only the "distinctive homœopathic practice," is tempted to shirk this obvious and difficult duty. It is probably in allusion to this that Drs. Pope and Brown assert that persons "whose knowledge of therapeutics is limited to homœopathy," must be inferior to the graduates of other schools. If so this is a severe condemnation of the teaching limited to the distinctive parts of homœopathic practice, and by no means escapes, but rather raises the question, "What is homœopathy?" as above said. Which homœopathy does the school profess to teach? The homœopathy with non-homœopathic auxiliaries which we all practice, or a homœopathy in which the whole medical practice is distinctively homœopathic or nothing—a homœopathy which nobody, so far as I am aware, really practises? The raising of these questions shows the inconvenience of a sectarian title, and it has already been objected by the Ultra-Hahnemannists with irresistible cogency that the so-called London School of Homœopathy has no right to such a title, but should be called the School of Mongrel Homœopathy, for much that is taught there is inconsistent with the letter of Hahnemann's precepts, and that no doubt this is the cause of its small success and of the decline of our numbers. While, on the other hand, the lecturers declare that "therapeutics limited to homœopathy" turns out practitioners inferior to graduates of the ordinary colleges. The truth is, that a legally accurate definition of homœopathy is impossible. Homœopathy is, in fact, nothing more than medicine as it



will be when the full application of the principle to and its exact position in practice have been determined; and as this is dependent on the gradual perfection of all the medical sciences, it cannot be done now; nor can it ever be done except approximatively, for science can never be complete, but must be for ever progressive. Here, however, as is often the case, what is impossible to do with logical completeness in theory, is not difficult in actual practice, if only we do not burden ourselves with a sectarian title which appeals to a logical definition. We have simply to teach under the general title, Practice of Physic, homœopathy as we practise it. It will then appear that although the homœopathic principle takes a predominating place in the choice of the remedy as the treatment of diseases is gone through systematically, yet it is not the sole element in successful treatment, but that other auxiliary means are essential, either alone, where specifics are not applicable, or most frequently in addition to homœopathic specific remedies, either as compatible with them, or temporarily interposed in order to remove obstacles to the specific treatment, or finally, as palliatives in hopeless cases. These comprise a great variety of therapeutic agencies, such as general and specific stimulants, antidotes, vermifuges and antiseptics, surgical and other abortant agencies, if any, digestive ferments, cod liver oil, and all the resources of diet and regimen, effects of climate, baths, electricity, empirically known specifics, &c., &c. When, where, and how often these may be required will be the special business of a lecturer to teach; these questions will partly depend on the development of strictly homœopathic knowledge, for we know that as yet the provings of medicines are exceedingly imperfect, and homœopathic practice itself must be correspondingly imperfect; on the other hand, the progress of pathology may show that various diseases may be met by antidotal, surgical, antiseptic, or other abortant methods, and thus removed from the sphere of specific-homœopathic treatment. The exact position of the homœopathic law in practical medicine must therefore remain indeterminate at any given time, being extended as the homœopathic-specific method becomes perfected, and contracted as other means superseding it may be discovered. Our true attitude is thus that of men of science constantly endeavouring to make the practice of medicine keep pace with the progress of science, and in



regard to our special contribution, as upholders of progressive homœopathy. With the exception of a quite insignificant number who profess to be "Hahnemannists," the governors of the school, and the practitioners of homœopathy at large in this country, are progressive homœopaths, and would gladly see homœopathy as we practise it recognised as a class of "practice of physic," simply by the London University. On this subject there is a misconception on the part of Dr. Bayes, when he alleges that Dr. Black, Dudgeon, and I, advocate a 'shameful compromise,' in that we wish the school to 'teach allopathy' in order to obtain recognition. All the allopathy I recommend is that amount which Dr. Bayes himself practises in common with all of us, and I feel quite certain that Dr. Bayes would be the first to repudiate as 'shameful' any teaching which would conceal our practice. I feel convinced that the teachings of our theory and practice as actually carried out by the progressive homœopaths ought to be sufficient to secure recognition, if not burdened with a sectarian and exclusive title, such as no scientific body like the London University could sanction; and, if fully and perseveringly urged, our claim would ultimately be granted. The London University is not a teaching, but solely an examining body, and they profess no preference for, nor hostility to, any theory or doctrine: all they desire is that the candidate shall possess adequate knowledge of the science of the day, and the refusal to recognise any lectures of a sectarian or exclusive title is no doubt dictated by the desire that the reputation of their degree should be abreast of the continually advancing march of science. If an University had recognised a class of "circulating" physiology two centuries ago, the title would now be superfluous and ridiculous; and there are many doctrines which were universally believed in in their day which are now exploded; and to have given their name to chemical, medical, or physical classes teaching them would have made the classes themselves obsolete and useless. So we as reformers above all others should rejoice in the wise, just, and far-sighted rules which were instituted for the purpose of preventing obstruction to the progress of science by prescription of any kind; and we ought to be thankful if, by merely complying with rules equally binding on all medical creeds, we can secure what is equivalent to the mixed system of the Michigan Uni-



versity. There are, however, other objections and difficulties which must not be passed over. It is said that as we shall require to prepare students for an examination which is allopathic, our lecturers will require to take up half the time in teaching allopathy, and the other half in showing it to be all wrong, and substituting homœopathy in its place. To this surely it is sufficient to say with Dr. Dudgeon that this is mere caricature, and no detailed argument is wanted. It is indeed deplorable that such arguments should be heard from the mouth of a medical man, as we had thought that such talk as that allopathy was some fixed homogeneous system and all wrong, and homœopathy the exact opposite and all right, could only be heard from ignorant laymen. No doubt, in addition to the auxiliaries spoken of, allopathic modes will have to be touched on both historically, and as contrast, in controversial reasoning when explaining the homœopathic treatment, and the amount of that and the time consumed by it will be a difficulty. A more subtle difficulty raised by Drs. Brown and Pope is that the University may not be satisfied with their capacity to teach allopathy, and the proportion of it they would give in the lectures. These difficulties are more formidable in theory than in practice, for the students then, just as now, will have plenty of other opportunities of learning the fashionable practice of the majority, besides the one course of Practice of Physic given by a homœopathic professor, who will thus be able to devote the proper amount of time to homœopathic teaching with only so much allopathic treatment as is necessary for history, controversial argument, and the auxiliaries belonging to progressive homœopathic treatment. That the student should then, as now, be able to stand an allopathic examination is in every way an advantage, for what is his testimony in favour of homœopathy worth afterwards if he does not know properly other methods to which he alleges it to be superior? Was not the great effect of the conversion of Henderson and Tessier due to the fact that these men were already in the first rank in general medicine? As to the objection that no student would dare to attend our lectures for fear of rejection by the examiners, that is practically less serious than it appears, for the examiners are frequently changed and are not the teachers; and, besides, the student is mostly examined in writing under a number, and not his own name. The examiners



are also, for the most part, men who would not then, any more than now, reject a student with homœopathic leanings if otherwise well educated. But when the best is said and done no doubt there will remain many difficulties ; granted, but did any one expect to make a revolution in an old and prejudiced kingdom like medicine with rose water ? It will need all the efforts of an united and resolute will truly. But are the managers of the present school really willing to have recognition as they profess ? Possibly in some vague and far off future that will cost them no trouble, but how are we to interpret their professed desire for recognition when coupled with their forcible retention of a sectarian title which they have been told beforehand must invalidate their claim, as it would that of Jenner, Gull, or Ringer, if they proposed to give similar lectures with a sectarian allopathic title. People are apt to judge rather by deeds than by words. Finally, we are told by the managers, and repeated by Drs. Brown and Pope, that however desirable recognition may be, the time for demanding it is not opportune ! This is the never-failing refuge of lean and slippered Toryism when all arguments have been beaten down ; it is still a power, too often invincible in the hands of the half-hearted, the timid, and the mere partisan who have already prejudged the question from reasons which do not appear among the arguments. The time for reform never was, or is, nor shall be opportune for such persons. With them argument is vain, and I can only call upon those whose courage has not waned in the long fight for our just claims, to protest against our body being represented by such timid and unworthy counsels. Such a protest is the more necessary because the act of the managers of the school has a certain official value ascribed to it, and is pointed to as evidence of the calumnious accusation openly brought against the homœopathic body, viz., that we do not really desire the general adoption of the homœopathic theory into medicine as a whole, but rather that it should remain separate, in order that the present practitioners may trade on the distinctive name. I trust that the governors and subscribers of the school will urge that it should be put into its proper position beside our scientific writings, which never cease to spread our principles through the whole profession, and hasten the day when our practice will be the practice of all medical men.



Should the practical difficulties of fitting all our lectures for recognition be too great for the present staff and managers, it would be well to make the attempt with one only, and that should be *Materia Medica*. Here the question of title hardly arises naturally, for the title given by Hahnemann himself, viz., "*Pure Materia Medica*," indicates simply a complete description of all the actions of drugs on the healthy body. In the Boston University, the title of the class is simply "*Materia Medica*," and the description of what is therein taught is as follows:—"The toxicological, pathogenetic and therapeutic relationship of drugs; the application of homœopathic provings; the past and present uses of drugs by other than homœopathic practitioners." This means simply complete and comprehensive teaching of all the effects of drugs on the healthy body, and all the possible ways in which these may be made of use for the cure of disease. No doubt the predominance of the homœopathic method will be duly insisted on; but this can hardly be demonstrated or properly explained without correct knowledge of all the actions of drugs, without which the study of the *Materia Medica* is truncated and imperfect. Even if the use of emetics, purgatives, diuretics, &c., be recommended in practice only as rare exceptions, still it is essential that the practitioners should know the exact doses required for these effects and the exact details of the special vomiting, purging, &c., produced by each drug, as well as the symptoms of minute alterative doses. More than that, all facts connected with the action of drugs should be known, whether any therapeutic deduction can apparently be made from them or not—e.g., the blackening of the skin by certain doses of nitrate of silver. All the more recent experimental investigations of the action of drugs must be taught and commented on, more especially the discrimination of the action on excitant and inhibiting nerves, on which is probably founded the antagonism of certain poisons as distinguished from chemical on the one hand, and homœopathic antidotal relation on the other. In a comprehensive course of lectures, in which all these points are duly considered, the teachers would not only give all the information possible for an allopathic teacher, but, in addition, all the new information given by the homœopathic method alone,

\* *Boston University Calendar*, 1879, p. 12.



and a new power is possessed by him in the homœopathic law of unravelling the difficulties and apparent contradictions of the action in health and in disease. Such a complete course in the hands of a master of the art like Dr. Hughes would, if recognised, no doubt attract a large number of the *élite* of the medical students, and have a powerful and rapid effect in spreading a true knowledge of our opinions and practice.

At the last general meeting I wished to bring forward the proposition that a certain sum should be set aside for the endowment of a lectureship on *Materia Medica* for five years if recognition for such could be obtained, and that the remainder of the school fund should be devoted as now to the unrecognised lectures at the hospital. I regret, however, that the managers decided that such a proposition could not be brought forward except at a special meeting, and all notice of the proposal was excluded from the report. I believe it is the constitutional right of every member to make any motion at the annual meeting, and have it inserted in the report in order that the governors may be informed of such motion and be prepared to take it into consideration at the next annual meeting. I cannot but express my regret that a full notice of my proposal was suppressed, and I hope that the governors now present will give it their attention, as well as the other matters touching the welfare of our cause spoken of in the foregoing pages.

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At the conclusion of the foregoing paper, it was moved by Dr. DYCE BROWN, seconded by Dr. GIBBS BLAKE, and unanimously agreed, that Dr. Bayes be requested to read his paper before the discussion on Dr. Drysdale's commenced.

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## HOMŒOPATHIC DISABILITIES AND ALLOPATHIC MONOPOLY.

By Dr. BAYES.

MR. PRESIDENT and GENTLEMEN,—Many of you may have read my letters in the correspondence pages of the *Monthly Homœopathic Review*, which have appeared in the numbers for June, July and August.

In these letters I advocate the formation of a Board of Examiners, with power to examine and grant degrees to such candidates as shall be able to satisfy the proposed



board of their fitness to practise medicine and surgery, and especially as to their competence to practise homœopathy.

I further advocate the formation of a complete medical school, with a hospital of sufficient size to entitle it to teach clinical medicine and surgery fully and well.

The enlargement of our present hospital to such a size as shall contain at least 130 beds (which would be our lowest limit) would involve so large an expenditure of money that it will probably be some years before this necessary part of the scheme for the formation of a complete hospital and medical school can be carried out.

It would cost £70,000 to enlarge the hospital alone, and although we can prove the necessity for such an outlay, and there are to be found not a few homœopathic patients who could, with but little self denial, build and endow such an essential part of the school, were they so minded, yet it takes some time to engraft the idea of its necessity on the public mind.

The endowment of a new medical school, in connection with the hospital, would require an additional sum of at least £30,000.

And we thus see that the need exists of £100,000 before we could safely found our new medical school, and its hospital on such a basis, and in such a manner, as should give it a fair chance of permanence, and a prospect of its allowing us to educate practitioners of medicine and surgery competent to fill the needs of the homœopathic public of Great Britain.

Now, although I feel the great and urgent necessity of such a work, although I am by no means discouraged by its obvious difficulties, I do not underrate the obstacles which surround the fruition of so great a work, and which will, for a time, retard its success.

There are, however, no impassable mountains to those who have faith to remove them.

We see before us, it is true, a monopoly of medical degrees, in the hands of a party which has imposed every possible obstacle against the attainment of education in and proficiency in homœopathy, in the way of students and practitioners of medicine. Well, we must break down this monopoly, as many other monopolies have been broken down, by open, manly opposition, by battling for our rights in scientific medicine. We must assert our right to instruct in, and to teach homœopathy, and to license those



students whom we have taught, and found competent to practise, and to place these men on the same platform, and endue them with the same privileges as are enjoyed by all equally qualified medical men.

But I do not feel inclined to wait till we have raised the £100,000 necessary to enable us to found an English Medical School of Homœopathy, with its large hospital and complete organisation. Delays are dangerous—enthusiasm, the mother of new institutions is shortlived. Therefore I have looked around to see what we can do towards providing skilled homœopathic medical men immediately or within a reasonable time. Is there any means by which we can obtain a number of good average (speaking educationally) homœopathic doctors to place in the smaller towns and in the country districts in England? So that wherever 10,000 or even less inhabitants are settled within a given radius, there also may be found a good reliable practitioner of homœopathy?

I answer yes, there is.

We must look on this as a cosmopolitan and international question, and not as one narrowed by insular limits. Let us propose to ourselves to form a board of examiners, composed of men, thoroughly educated in every branch of medicine and surgery, and of all the collateral sciences; should like this board to design examinations, so carefully elaborate in all subjects, both practical and theoretical, as to be a real test of the knowledge of the candidate. I should make the examination both *viva voce*—written and clinical (carried out at the bed-side itself and not by the written statement of certain signs and symptoms, as is the case in some of the examinations). I should suggest that the candidates for examination should be required to comply with a curriculum equivalent to that required by the Royal College of Physicians or Royal College of Surgeons, according to the intention of the candidate to practise medicine or surgery, but the therapeutic part of his examination must be based on homœopathic therapeutics; and that before the candidate should be admitted to examination, certificates of having attended the various practical and theoretical courses should be shown to, and approved by the board.

But, where I should depart from the scheme laid down by the British examining bodies, would be the granting permission to candidates to obtain their education at any



university or college in America, or in any foreign country (as well as in Great Britain) approved of by the board, and I would accept candidates who could show certificates that one year's courses had been passed at one centre of instruction ; a second at another ; a third and a fourth at others. The more varied a man's experience, the better physician is he likely to be. .

Taking the regulations as to candidates for examinations for the license of the Royal College of Physicians of London, as some guide—each candidate must be—

- 1st. Twenty-one years of age.
- 2nd. Of good moral character.
- 3rd. Of having had good general education.
- 4th. Of having been engaged in professional studies for at least four years.

Three winter and two summer sessions must have been passed at a medical school recognised by the examiners, and one winter session and two summer sessions must have been passed either in attending the practice of some hospital or other institution recognised by the board of examiners, or as pupil to some legally qualified practitioner holding a public appointment, giving opportunities of imparting practical knowledge of medicine, surgery, and midwifery, to the satisfaction of the examiners. We should propose that the student's fourth year should be passed in attending the practice of our London Homœopathic Hospital, or at the Birmingham Homœopathic Hospital, or at the Liverpool Homœopathic Dispensary, and also the lectures of the London School of Homœopathy, or at some other homœopathic university or medical college or school to which a hospital or dispensary of sufficient size is attached, where the opportunities for clinical teaching are such as shall satisfy the examiners.

By the scheme I propose, the greatest amount of liberty for the acquirement of medical and surgical knowledge would be given, and we should invite the students from any well-constituted medical school, to take the fourth year with us at the London Homœopathic Hospital and London School of Homœopathy.

The education, for the first three years, might be obtained at any approved medical school, allopathic or homœopathic, at home or abroad, but the fourth year must be devoted to the study of homœopathy in some hospital, dispensary or



school whose teaching is recognised by our board of examiners.

An American physician, desiring to settle in England, and to bring over his son (a graduate of Harvard College) for a like purpose, intending that he should pass a year at the London School of Homœopathy, forwarded me the following letter :—

London, *Jan.* 80, 1878.

Dr. BAYES,

Dear Sir,—Allow me to say that rather than leave the matter in suspense, I yesterday ventured to risk an examination by the Medical Council, but was politely informed by the Registrar (Dr. Pitman) that the said Council had lately decided not to recognise hereafter any College that graduated M.D. students short of *four years* of study, and as no one in America insisted on that time (only three) the Council had dropped even the *five* or *six institutions* heretofore recognised.

This course leaves myself and son quite excluded from practice here, unless as Dr. P. said, we should spend another year in study and (allopathy of course) then be examined for the M.D. in England! This unexpected announcement has quite discouraged me for the future.—Ever truly your friend and obedient servant,  
E. G. K.

This letter shows that the course I have above proposed would satisfy the requirements of the Medical Council provided the extension in time of study were passed at a recognised school.

Therefore were it not for the monopoly, by which all medical degrees (and the granting them and the recognition only of lectures which teach but one side of medicine) are placed under the control of the opponents of homœopathy, we should be able to utilise the excellent teaching of the American Universities, Colleges and Schools, as a means for supplying our want of homœopathic practitioners in this country.

Are we to submit to the unfair disability which this allopathic monopoly of medical degrees imposes on us? Homœopathy is not taught scientifically in any one of the nineteen recognised medical schools in Great Britain. The Law refuses to recognise the degrees of the universities, schools, and colleges of other countries in which homœopathy is taught scientifically. I say no! we must submit no longer.



Let us form a strong examining board ; that is the first step. Let it be carefully chosen from such men among us as are fully and legally qualified.

It would be invidious to mention names at the present stage of the question ; but, I may say, I have already the promise of support from several registered physicians of ample attainments and qualifications.

That a complete board can readily be formed I have not the slightest hesitation in affirming.

I do not propose anything so utopian as to appeal to those holding the present reins of power under the existing allopathic monopoly.

I would proceed to the formation of the proposed board of examiners with as little delay as possible.

The qualifications of the men chosen should be such as to ensure the responsibility of the board, and the respectability of its certificate or diploma.

If a candidate proved his competence to the satisfaction of the examiners, I would advise him to demand registration at the hands of the Medical Council. If this were refused him, he should enter into practice. He would possess, say, an American or other foreign degree ; he would have completed his medical education in accordance with the curriculum demanded by law. He would have been examined by a board consisting of men legally qualified and capable of certifying his proficiency in all subjects required by the Colleges of Physicians and Surgeons, and if he were summoned for an infringement of the Medical Act it would be the duty of the board to protect him at its own expense. It is improbable that a magistrate would fine a physician prosecuted under such circumstances, but if he did, the case should be carried up to the highest Court, if need be, and one such case would do much to obtain us a charter of independence.

My chief fear would be that, as in the case of Dr. Quin v. the College of Physicians, no such action would be taken.

In this latter case two courses of action lie open.

1st. The obtaining a charter conferring the right to grant degrees.

2nd. The seeking, or even compelling recognition of our degree or diploma from the Medical Council, so that men holding our certificate might be placed upon the medical register. Either of these courses has its advantages. Probably the latter would be chosen by those



whose minds tend to Conservatism; while the free and independent Liberals and Radicals of science would prefer the clearer heaven of the former.

Some minds may look upon the proposal as one against law and order, but "an accomplished fact" is a strong point, and we need strong points; some may have the extreme objection to originality of action which is apt to be inherent in the insular mind. Let me remind those who think thus, that it is but a few years since a monopoly of metropolitan physicians' practice lay in the hands of the Royal College of Physicians of London. No man who did not possess this diploma had a legal right to practise within ten miles of Charing Cross. The Londoner despised the holders of Scotch and Irish degrees as heartily as some Englishmen may discredit the American diplomas of to-day. The London monopoly was broken up by the persistent breaking of the unjust law by physicians invading London from North of Tweed and from the Emerald Isle in such numbers that down went the monopoly. Let us follow this example.

I have lately been much interested by the perusal of a case of hardship owing to this monopoly. Dr. Thomas, formerly of Chester, and now of Llandudno, went to America, and studied medicine at a homœopathic college in Philadelphia. He passed his examination and took his degree before the passing of the new Medical Act. Consequently he had every legal right to register; but the Medical Council refused to register him, the inference being that such refusal was in consequence of his degree being homœopathic. He took legal advice, and Mr. Justice Lush (Q.C. only at that time) gave his opinion that the Medical Council could be compelled to register him; but Dr. Thomas shrank from the great expense which might be involved in a contention with the Medical Council, and forebore to press his claim further. Ought we to permit an unjust monopoly thus to exclude a well-educated physician from the register because he is a homœopath? Ought we not rather support Dr. Thomas, and to give him the strong grip of the friendly hand? It is time we should refuse to be down-trodden longer. We have our precedent\* for the adoption of a bold policy in Dr. Quin's successful defiance of "law and order," in

\* How dear is a "precedent" to a Britisher.



resisting the mandate of the Royal College of Physicians, founded on this very monopoly. On his refusal they threatened him with pains and penalties; he opposed them by silent sedentariness, and then they let him go.—(See Dr. Hamilton's Memoir of Dr. Quin.)

How can we gracefully, or even consistently, invite our American brethren over here next year to our proposed International Congress, and refuse to acknowledge American homœopathic degrees as equivalent to all others? Unless we invite these gentlemen here as recognised scientific and well-instructed physicians, we had better let the Congress alone. The present position of England as to American and foreign diplomas is as ridiculous as it is insulting.

If a man is recognised by us as an honorable and praiseworthy member of our common profession in America or any other foreign country, he cannot be treated by us as a charlatan in England. A physician of education is a physician everywhere. We must acknowledge no insular nor territorial limitations.

I care nothing for victory over our enemies or opponents—it is not from an antagonistic feeling toward them, nor from a desire to triumph as a partisan, that I ask you to advocate this course. Our active endeavour to provide well educated homœopathic practitioners for the service of the public should rise from a far higher motive.

When, in conjunction with a few friends, I commenced the movement for the public teaching of homœopathy by founding lectureships and a school, I saw that the allopathic tactics were arresting the number of earnest converts to the homœopathic system of medicine.

It is useless and puerile to a degree to point, as to a compensating circumstance, to the supposed fact that a given number of allopathic medical men are prescribing a few of the same medicines as are used by homœopathic doctors. These men are not converts. They do not prescribe homœopathically. The very essence of Hahnemann's great reform, the careful individualisation of symptoms in each (individual) case of disease, is wholly wanting in their examination of their patients. For the most part they are wholly ignorant of the finer shades of the pathogenesis of the medicinal drugs they prescribe. At the best these men are mere "sign painters," not finished artists. They have no real knowledge of the science of homœopathy.



They deny (and truthfully) that they are homœopaths. Let them go : they are of no use to us, and of very little use (speaking homœopathically) to their patients, and do nothing to further the science of homœopathy.

Those who are acquainted with our homœopathic literature will find that for the past fifty years and more, our early English fathers (speaking also homœopathically), have been teaching all who would listen to them, and especially impressing on the British public, that statistics prove that patients treated homœopathically recover from acute diseases in a far greater ratio than do patients treated allopathically. In the same diseases sometimes the homœopathically treated cases recover as 10 to 2 which recover allopathically, and the statistics as to cholera, yellow fever, pneumonia, &c., as reported in our journals, in pamphlets, and in other works, show that where 100 cases die under allopathic treatment, only from 50 to 10 or less would die under homœopathic treatment.

Now, those who reported these statistics are reporting either a great and important truth, or are most mischievously and perniciously distorting facts.

If, as I believe, they tell the truth, how can we withhold our active support from any *bonâ fide* and honest endeavours to enlarge the number of well instructed practitioners of homœopathy.

It is the consideration of the fact that while America has in the same period of time) founded 11 noble medical institutions to promote scientific instruction in homœopathic medicine, and to supplement such instruction by granting degrees, diplomas, or licenses to practise, to such men as have proved themselves competent, we have not supported a single school of homœopathy until the last three or four years, and still the majority of our practitioners fail to give it that active support, and would deny the practical power of licensing to practise, which alone can make it a real success.

That there are active opponents to this necessary effort, even among men calling themselves homœopaths, is as great an astonishment as it is a grief to me. It is well to point out to those homœopathic physicians who oppose every united effort to increase the number of homœopathic medical men in England, that, by just so much as they are successful in checking the progress of those who would educate medical men fit to practise it, they are, on their



own showing, by uncontroverted statistics, aiding and abetting those who are daily increasing the annual mortality of these islands. Either these men believe or disbelieve in the statistics which they have published and circulated. They are, therefore, either propagating an untruth or they are allowing an increased mortality, which it is in their power to prevent. On the horns of this dilemma I leave them impaled.

Those who, like myself, believe that homœopathy saves a very large percentage of human life, see their course clear. They will not consent to aid and abet in the constructive sacrifice of human life and health involved in the continued non-instruction of the medical student in the science of homœopathy in this realm, and they will join in the endeavour to obtain the necessary legal powers to teach and to license the students of our school.

Mr. President and Gentlemen.—In my enthusiasm for the life-saving and disease-curing powers of Hahnemann's reform, let my excuse for strong words, if I appear to any of you to have used such, be found in my earnestness. The present Premier's definition of a "radical" equally fits the conscientious medical reformer, for above all things he is too "a man who is earnest," and we are told of such. "seest thou a man diligent in his business, he shall stand before princes; he shall not stand before mean men."

#### DISCUSSION.

Dr. BAYES : I think Dr. Drysdale a little misunderstands one or two points : he said once or twice over that free discussion on school matters had been obstructed. I have always had a great desire that everything should be fully and freely discussed, and we have called meetings for the purpose, but although it is easy to call a meeting of the school, it is not quite so easy, unfortunately, to get the men there, and I think Dr. Drysdale will allow that the special meeting called was a very small one.

Dr. DRYSDALE : That is true.

Dr. BAYES : Therefore the failure of the discussion is rather to be attributed to want of interest on the part of our small number of governors. I never, that I remember, refused to call the school a "medical school" providing it was made a complete medical school. I think Dr. Drysdale will remember that two or three times I have said "let us have a complete medical school and I do not mind what you call it." It was merely while the school was restricted to the teaching of homœopathy that it



occurred to me that the word "homœopathy" was in its place, in describing the school. Let us have an entire medical school, and I should be very glad to fall back upon the old name of London Homœopathic Hospital and Medical School, or Medical School and nothing else. With regard to the words "shameful compromise," I am very sorry I used any term in the least degree offensive to the gentlemen, and I apologise if it gave them any pain. It only appeared to me that to teach, not only the system of medicine we do believe, but also that we do not believe, would be a compromise. I am very sorry that anyone should feel hurt at my using that term. As to the London University, will they examine students in homœopathy? If not, it is no use going and asking them for recognition, because the great object of our school is not to make converts essentially, nor to make a great show before people, but it is a practical idea, that of instructing physicians in a branch of medicine which is taught nowhere else. A very large proportion of the lay public are homœopaths, and it is for their advantage that the men who treat them should be properly instructed, and definitely instructed in homœopathy. That is one of the great functions of the school. I have also to say to those gentlemen who speak about further severing our connection with the hospital, no lecture whatever will be recognised by the London University or any other of the examining bodies, unless those lectures are connected with a hospital. Now, what other hospital would let us connect ourselves with it? That is a point of some importance and difficulty. There would be no difficulty whatever in filling the chairs if we got a complete medical school. There would be no difficulty whatever in filling the chairs that are not homœopathic with excellent men. That is only a question of money, and if I could get the £80,000 that we want for a school, we should not have the smallest difficulty in obtaining men. The same remark may be made in reference to the board of examiners—physiology and chemistry, &c., &c. We could easily fill the chairs with first-rate men, if we had the means to pay them. There is one point which will probably be corrected by Dr. Dyce Brown and Dr. Hughes, this is as to the number of students attending the lectures. Dr. Drysdale was unfortunate in choosing a day when the number was down to two. Dr. Dyce Brown will be able to tell you the numbers who attended his classes were considerably more; and I hope it was so with Dr. Richard Hughes, except on some special occasion. As to the funds—we are not exhausting the funds; we have not lately drawn upon our capital.

DR. MOORE: We have all felt, and must all lament, as Dr. Bayes does, the falling off of homœopathic practitioners in our profession. The reason of it is very plain. Young men now



find that they can practise homœopathy in an "under the rose" sort of way, and gain instruction in it, or they fancy they can, and practise it without making any formal profession of it, as we were in the habit of doing some 30 years ago. We should all be glad of any suggestion which would bring about a better state of things amongst us. With every respect to Dr. Bayes' judgment, there is no hope whatever of obtaining a charter.

Dr. BAYES : We are certain of it if we are only united—quite certain.

Dr. MOORE : There is hope of getting recognition by the London University. As far as I have learnt from Dr. Drysdale and one or two friends, the London University would lean to us very much indeed if we had not a sectarian title. They would be very much disposed to favour us and give recognition if connected with a hospital. I believe with Dr. Bayes that we cannot have a medical school apart from a hospital, therefore I am quite prepared to go in with him. If he can get up a large school and have a hospital connected with it, I believe there is hope of recognition by other examining bodies, but I do not believe there is any hope of getting a charter for a medical college. The reason is this—no other medical school in the kingdom has attempted anything of the sort ; no medical school that is standing has had anything granted to it in that way, and we should have no precedent whatever to guide us in obtaining it.

Dr. REED : I do not see myself any difficulty about a charter. Dr. Bayes says—"have faith," and that is the foundation of a great deal of success. I believe that when unity is declared, and decided action taken, that there will be a charter forthcoming.

Dr. DUDGEON : In listening to the papers of Dr. Drysdale and Dr. Bayes, I regretted that the order in which they were read had not been reversed, that Dr. Bayes' paper did not come first and Dr. Drysdale's afterwards, because it seemed to me that Dr. Drysdale put the matter upon the footing of practicability and sound common sense, whereas Dr. Bayes' paper wandered into the regions of fancy. He talked glibly about raising £100,000, endowing 140 beds in a hospital and all those magnificent things—licensing and examining bodies and diplomas—and in fact he took us into a region of impracticable schemes from which it would have been desirable that we should have been drawn by Dr. Drysdale's paper which showed us what was real and practicable. Dr. Drysdale's scheme was something we are capable of doing. Dr. Bayes' scheme seems to me as undesirable as it is impracticable. No doubt an examining body could be formed and could grant licenses ; Dr. Bayes seemed to think that the illegality of his scheme would be a recommendation of it to a radical. I am not willing to allow that a radical is fond of illegality. What he proposes might be done, no doubt, but what



would be the value of examinations and pretended licenses of this character? What would the Medical Council say to anyone who had obtained such an illegal license? Would they permit his name to be put upon the register? Certainly not. In order to obtain this privilege for your licentiates, you must get an Act of Parliament to make your examining board capable of granting degrees or licenses to practise. The tendency of the age is not to increase but to diminish the number of licensing bodies, to unite them all into one—to have but one examining body for all—but Dr. Bayes' scheme would be a departure in the opposite direction, making a new examining body for bestowing a sectarian license or degree; and the efforts of most of us have been to show that we are not sectarians but the true catholics of medicine; so that we would object most energetically to stereotype any sectarian name upon our teaching and practice. It seems to me the thing is so impracticable, and so utterly undesirable were it even practicable, that it scarcely admits even of discussion.

Dr. POPE: Dr. Drysdale's paper was one of very deep interest. I have only something to say upon one or two points that I wish to clear up at once. First of all about a passage that occurred in an article in the *Review* which Dr. Drysdale somehow or other seems to have misread (or else we have been more unintelligible than I think we were) from which he seemed to gather, that we thought all medically educated homœopaths were inferior to medically educated allopaths. We did not think or mean to suggest anything of the kind. What we think now—what I think at any rate, and I believe Dr. Brown agrees with me—is this, that the allopathic practitioner, as the case stands, is inferior to the present race of homœopathic practitioners, simply because the allopathic practitioner only knows one therapeutic method, whereas the homœopathic practitioner at the present day fully understands both. Now if we were to have a college, such as Dr. Bayes described subsequently, where homœopathy alone was taught, we should bring our body into precisely the same position. They would be only acquainted with one therapeutic method, just as the allopath of the present day is only acquainted with one therapeutic method. That, I noticed towards the end of Dr. Drysdale's paper, was one argument which he raised against merely homœopathic teaching. Dr. Drysdale I suppose regards me as a "lean and slipper'd Tory." However that may be, my view is that we cannot do better than we are doing at present so far as the direction of our efforts goes. The school has only had three years to develop itself, it has had to fight a strong opposition, both externally and internally, and it has barely had a chance. The principle upon which it is founded is, I am perfectly persuaded, a sound one, and we shall, as time goes on, make it, I hope, still more useful. Dr. Bayes' scheme as I heard it—I do not know



what my impression may be on carefully reading it—seems to me to be impracticable. Further, I would carry your minds back a year or two to the time when a draft Medical Reform Bill was brought before the House and submitted to a Committee of the House for an Amended Medical Reform Act. For some reason or other the scheme did not come to anything; that measure was, so far as my memory serves me, one which, if properly handled by Dr. Bayes and others who are so thoroughly well up in this kind of work, might have been made available for the compulsory teaching of homœopathy in addition to all other branches of therapeutics. If a Medical Bill comes forward next session—as it is pretty certain to do—we ought to take advantage of it to obtain what we require. I think we shall thus get what we desire, in an indirect rather than in a direct manner, and we shall obtain it much more permanently and so find it much more to our advantage to wait awhile than to act at all precipitately.

Dr. GIBBS BLAKE: Mr. President, there is one point in Dr. Drysdale's paper (which is very exhaustive) which I would not speak upon, but that I have just a fact to bring to his notice which confirms his statement with regard to the possibly inferior character of the professors of scientific subjects in the qualifying bodies like those of Philadelphia, and that is, that amongst the applications for professorships of chemistry in the Technical College of Birmingham, was one from a chemist with an American and Parisian reputation as a chemist, and in his letter of application he said he had been requested to take the chair of chemistry in the Philadelphia Homœopathic Medical School. That shows us two things:—first of all that the Medical School in Philadelphia has to request professors to take their chairs instead of putting them open to competition; and another is that this gentleman stated it would have been fatal to his prospects when he wished to go to other chemical chairs if he had taken office in the Homœopathic Medical School of Philadelphia. That I think holds good too with regard to Boston to a very great extent, but that is probably because it is overshadowed by the Harvard University. There is no doubt that even in America there is a very great objection in the minds of scientific men—although they may be perfectly indifferent upon the subject of homœopathy—or may from personal motives prefer homœopathic treatment to take office in a homœopathic college. Then with regard to Dr. Bayes' scheme, I think at present it is perfectly Utopian and it appears to me there is very little chance of our getting a charter, especially when we have just heard of the Victoria University getting a charter with permission to grant degrees in every faculty except that of *Medicine*.

Dr. DYCE BROWN: I am glad we have had Dr. Bayes' paper following Dr. Drysdale's, as the two are so closely connected. I



was rather surprised to find how closely in some points the views of Dr. Drysdale came to those of Dr. Bayes. In the first place I should like to make some remarks on the paper of Dr. Drysdale. As regards our School of Homœopathy, the fourth class that Dr. Drysdale spoke of, he gave the numbers from seeing our books and from the information we were glad to give him as far as we could. He unfortunately was present at the end of the session when very few were present. My number, as I told him, and as he would see from the papers, was a steady average of seven all through the year. I can hardly see on looking at his figures how he makes out the average of each year. After going over the total numbers and deducting those who did not attend regularly, he makes out that twenty qualified medical men attended regularly and four students; that is an average of eight in each year for the three years. I think Dr. Drysdale makes out two for each year.

Dr. DRYSDALE : Two new ones.

Dr. HUGHES : Two for each session.

Dr. DRYSDALE : I mean two new ones for each session. The same men attended over and over again; the same names occur perpetually.

Dr. DYCE BROWN : There are twenty-four altogether. That is an average of eight for each of the three years. If you take the average of twenty-four students for the three years I cannot see how you make the average only two new men for each year. It seems to me the average is eight.

Dr. HUGHES : Two for each session.

Dr. DYCE BROWN : We all know that the winter and the summer are counted as one session, and therefore I contend that it is totally unfair to put it in that way. There are three years, the summer and the winter are part of one session, therefore instead of two students there are eight on the average. That makes a different result. As Dr. Drysdale said, I gave him all the information in my power, and he said to me, " Well, you are certainly doing a very good work here." Perhaps he will not object to my repeating that remark. (Laughter.) Then going on a little more into detail, as to those 20 medical men who were qualified before coming to the school, Dr. Drysdale seems to pooh-pooh the whole as being medical men who lived in London, and therefore the school he thinks is very properly called the London School of Homœopathy. They certainly happened to be in London at the time they attended the lectures, but they did not always live in London. I pointed out to Dr. Drysdale three or four who were already settled in London permanently and who were attending the lectures. Some of the rest were men who did not know anything about homœopathy before. Some did know something of it from having friends engaged in it, and some from



having fathers who were homœopathic practitioners. However all I think except three or four who were resident there permanently before as medical practitioners, were men who happened to be living in London at the time being, and who departed to different parts of the country as soon as the session was over. Therefore I say again it is totally unfair to say that they were simply 'men who were living in London. Then of those 20 who attended regularly and who came with qualifications, I pointed out to Dr. Drysdale that 19 had taken to the practice of homœopathy since then, and of all those, none of them knew homœopathy as a system or science when they came. Some were total strangers to it, others only knew of it from having had friends or parents who had practised it, and they had never treated a single patient. Of those there are 19 now in practice, and I think that is a remarkably good result for the school as a beginning. The next statement that Dr. Drysdale read was that the house surgeons were the majority of the attenders. That I completely deny. The house surgeons did attend, and that very regularly—I admit that, and I should be very sorry if they did not do so. Some came to the hospital and took the position of the junior house surgeon for the purpose of attending the lectures, and they did attend regularly. We had only two at one time; therefore, even if senior and junior were both present, it still left an average of five over and above. Therefore that statement also I contend is very unfair, inasmuch as I told Dr. Drysdale that mine was a steady average of seven for last year, and that each year before it was the same. After the first session the house surgeons did not attend regularly, but came occasionally. Sometimes the house surgeons were not there at all; therefore, I contend that Dr. Drysdale's way of putting it is very unfair. Then, finally, Dr. Drysdale repeated the statement that there were no students at all. This comes back to his old objection, the fallacy of which I have once and again pointed out to him and Dr. Dudgeon, who takes the same view, which is, I think, a very unfair one. Who is the "student" who comes to a course of lectures but one who wishes to be instructed? It is no matter to us whether he is simply going through his *status pupillaris* at the hospital, or whether he has already finished his curriculum. He comes to us as a student for the time being, therefore, because there is only a small number at college at the time, to say there are no students is very unfair. Every man who comes to be taught is a student for the time being, and those I maintain are of the best class of students to have, because they save us a deal of trouble in going over unnecessary ground. They are already educated, and we have nothing to do but point out the differences between the homœopathic treatment and the other, whereas if they were only



students we should have to do much more. Then, just one point more as to what Dr. Pope observes about homœopathy and allopathy. He expressed exactly my views, therefore I need not repeat them; but there is one point which is very important, and to which he did not allude. If a man knows allopathy thoroughly, as well as homœopathy, he is much more likely to be a staunch homœopathist. If he is brought up to homœopathy and not properly trained in allopathy, he is very apt to think when he makes a failure in treatment—"I *might* do better by allopathy;" and he is not, therefore, so staunch a man as one who is trained in allopathy, and afterwards comes to see the value of the other treatment. Therefore, I maintain that a man who is taught first in allopathy is a better practitioner, and a more reliable man than one who is not. This is only a temporary condition of matters, because when allopathy comes to be a thing of the past, and homœopathy general, it will be only necessary to know the one system. Dr. Drysdale himself admitted that knowledge of allopathy really was necessary, because, he said, "even if you give an occasional allopathic palliative—even in giving a laxative pill—you must know what dose to give." The use by us of allopathic palliatives is so infinitesimal as not to be worth naming. This is a very different thing from our being expected to give a complete course of allopathy as we were asked to do last year, when we rejected the proposal of having allopathic as well as homœopathic teaching in our lectures. I disagree also with Dr. Drysdale when he said we ought to lecture so as to teach students homœopathy as we practise it. Who the "we" would be it is difficult to say. Some homœopathists practise homœopathy very loosely indeed; others very strictly. I say, in a school of homœopathy—a school which is expressly organised for the purpose of teaching homœopathy—one ought to teach homœopathy as nearly as possible as it ought to be practised. One may occasionally resort to a palliative, but we ought to teach the pupils to practise homœopathy as thoroughly as possible. Electricity and other things are to be considered as mere adjuncts to, rather than as a part of, allopathy. Then, finally, Mr. President, as to Dr. Bayes' scheme; it seems to me that as so many men now-a-days in the advanced school are adopting homœopathy without saying so, our having a school will act as a steadily progressing protest against this sort of thing; it will do good in the way of letting men see who now adopt homœopathy in a slipshod manner, what they are really doing, and so promote the practice of homœopathy, and this, though the process may be a slow one. There are only two courses, as far as I see, to be pursued, one of which is, going on quietly as we are doing, as Dr. Pope suggests. To do this for a few years, and to watch whether our steady working will not make



an efficient protest against the Ringer school, who are using homœopathy without acknowledging the name, seems to me the best course. If it fails, I see no compromise possible between that and going in for the extreme measure of Dr. Bayes, and fighting it out in the most determined way.

Dr. DRURY: I think the question resolves itself into this—What is the best thing to be done to establish homœopathy? As we are going on at present, the position of homœopathy is not satisfactory. Our numbers are not increasing as they ought, and there is fault somewhere. When this school of homœopathy was established, it was hoped by those interested in it that the desired impetus would be given, that a larger number would come in, and that men about the country would know what we were doing. Has the school succeeded or not? After hearing Dr. Drysdale's very temperate paper, I am entirely confirmed in the opinions I expressed a few years ago: I objected to the school then, and I object to it still. It is a great mistake to try and establish ourselves as a sect. By keeping up the School of Homœopathy, we are unquestionably doing that. If, on the other hand, we were to simply instruct men in homœopathy, and tell them what it is by giving lectures in the ordinary way and by giving clinical lectures at the hospital—which is a very legitimate thing to do—we would in that way gradually indoctrinate medical men and break down the barrier that exists. But should that fail, and should the allopath still continue to look upon us as a sect and force us into a position which the majority of men amongst ourselves are beginning to see at the present day is a mistake—(it is a mistake, our being sectarian)—and many allopaths also—should it unfortunately do this, then it would be for the public to come forward and say, “here are a number of men who are called homœopaths; we demand that they should be qualified to practise in what they profess!” I think that the demand should come from the public rather than from ourselves.

Dr. HUGHES said that Dr. Drury had anticipated the very point he was most desirous to impress upon the meeting. Dr. Drysdale and Dr. Bayes had both raised the question, “What shall we do?” and had answered it diversely. But there was a preliminary question to be settled, viz., whether we should do anything; and if that was answered in the negative there was nothing more to be said. He was disposed so to answer it. A Medical Act Amendment Bill was now upon the stocks, and might become law any session. Its main provision would be the establishment of a single portal through which all men should enter the profession by examination, whatever honorary degrees or diplomas they might subsequently seek. This point was demanded by the body of the profession; and the present ex-



amining bodies had agreed to co-operate in carrying it out. He (Dr. Hughes) thought our wisdom would be in utilising this opportunity. In the State Examination to be instituted, it would not be difficult to obtain regulations which should meet the special needs of the homœopathic case. But he wished to press Dr. Drury's point that those needs were the public's rather than ours; and that it lay with them to take the initiative in meeting them. They required a supply of qualified practitioners, who should treat them after the method which they professed. It was a matter of deep concern, often of life or death, to them; and they should act accordingly. Our work lay in spreading the knowledge of our system among the profession: it would be invidious for us to have to stand forward and ask for its legal recognition.

For this, therefore, he advised that we should wait; and in the meantime should support our existing institutions as they were making the best of their opportunities.

Dr. PROCTOR observed that there were two points at issue; one of criticism as to the past and present of the school, the other as to the best means to be pursued in the future. The results obtained by the school seemed to him to be an unsatisfactory return for the money of the subscribers and the brains of the lecturers, and rather resembled the efforts made for the conversion of the Jews, from which it had been calculated that every converted Jew cost £10,000. Dr. Drysdale might estimate the cost of each convert to homœopathy made through the school. To amend this state of things, Dr. Drysdale has brought forward several schemes, and Dr. Bayes one also. The latter he thought too revolutionary; he thought our best plan would be to follow Dr. Hughes' suggestion, and waiting for the one-portal system, try and adapt it to our wants.

Dr. HAYWARD thought, from what had been said on Dr. Bayes' scheme, that it had not proved acceptable to the Congress, and that, on maturer reflection, he would withdraw it. He, for one, was not satisfied with the results obtained at the school, nor with the way in which the money had been expended. Dr. Drysdale had laid before us four schemes, and he hoped that gentlemen who had heard them, and were, as it were, unpledged, would say something which would enable us to use our energies more fruitfully.

Dr. NANKIVELL: While Dr. Hughes and Dr. Proctor have been speaking on the one portal system, it has struck me that, even should the one portal idea be carried without any reference whatever to homœopathy, or without any suggestion that an examination in homœopathic therapeutics should form part of the State Examination of Medicine, yet our position will be



infinitely bettered by it. At present the medical student may take his choice of eight or nine licensing bodies.

Dr. HUGHES : Nineteen.

Dr. NANKIVELL : I did not know that there were so many. But when this one portal examination is fixed by the State, he will have to pass that, whatever other examinations he passes, and we may be quite sure also that he will probably—just from his own point of view—pass some other examination. A certain number will pass the one portal examination, and go into work on it; others will pass the College of Physicians or Surgeons, just according as their practice may lie. Now I think in that case it may be open to us without breaking the law in the very radical way that Dr. Bayes has suggested, to form a licensing body on the same standard as the older licensing bodies will be.

Dr. HUGHES : Hear, hear.

Dr. NANKIVELL : They will be, as it were, in an honorary position; they would not give by themselves—and they could not give—a license to practise. The State itself will do that. We shall be in the same position. We do not wish—neither shall we be able—to give a license to practise; but we may say to those men who wish to study homœopathy, that, having passed the State examination, we should be desirous and willing to examine them, and grant them a diploma of a certain knowledge in homœopathy and homœopathic practice. It is quite possible that we may also, by the time that Act is passed, find ourselves in a position to obtain a charter for such a licensing body. A charter at that time would not give a legal qualification to practise. It would therefore probably be as easily obtained from Government as any of the medical societies now obtain their charters on satisfying certain regulations. So that I think that the advice which has been given by a great many of the members of the Congress this afternoon to both the readers of the papers, is—“At present do nothing—wait for something to turn up; something is going to turn up, and we may as well, as we have waited so long, wait a year or two longer about it.”

Dr. ROCHE : Speaking from experience, I feel quite certain that, make what arrangements you please, students will not attend these lectures in any increasing numbers. After we have the one-portal system, all colleges will be so free and so clear of licensing to practise, and the certificates of colleges will be merely honorary, that we shall have much more opportunity and likelihood of being heard when we present our case and say—“We do not ask you to give us qualifications to practise, but we ask you to allow us to say that our men are well qualified to practise a certain thing,” just as other qualifying colleges or universities do now.



The PRESIDENT: I will not detain you, gentlemen, by any remarks of my own, because I think this subject has been well and thoroughly discussed, and I think that Dr. Hughes and Dr. Nankivell have hit the right nails on the head. I think, myself, that we should go on as we are. We are now performing an open, a straightforward, and an honest course. There is no deception about what we do. We sail under true and open colours. And, moreover, as a practical man, I think the present course has the great advantage—having been instituted—of being in operation, and of having succeeded fairly well, and quite as much as under the circumstances we could expect it to succeed. Any other course will be a departure from it, and will have to go through the same process of formation and nursing as the present one has. We are, therefore, in the position of having tried a course, and I think, under present circumstances, we cannot do better than wait for the one-portal system; and when as Dr. Nankivell has put it—I think with very great force—get a charter to give such certificates as may be thought desirable.

Dr. DRYSDALE: May I say a word: I will not occupy you two minutes, because I am quite satisfied the subject has been well considered, and I do not hope anything from the conversation in a hurried and small meeting like this. I only expect that the matters brought forward here will be read and pondered over afterwards, and produce results on some future occasion. As to the present, I do not think we have had the subject before us very closely touched. We have kept on the outside of things, and our friend Dr. Pope has avowed himself to be a “lean and slippered” Tory. His old tendency has kept pace with his avowal. Everything is best, in this best possible world, and let it go on as it is until the money is spent.

Dr. Brown does not confess to “lean and slippered” Toryism, but he does believe in it all the same—everything is all for the best in this best of possible schools.

Now, perhaps somebody else will think differently, and ponder over it at home. I will not go into details, because we have not sufficient time, but I should like to mention one thing about the statistics of attendance. Dr. Brown tells us with great hope and he wish—and I wish it was true too—that it was seven. Dr. Brown no doubt thinks that is the case.

Dr. POPE: It is eight.

Dr. DRYSDALE: But I enquired specifically for the roll of attendance that I might add them all up. There was no roll of attendance kept, consequently it is a mere impression on the part of Dr. Brown that there were seven. Since I asked for the roll of attendance they have begun to keep it, and at a future time



they will probably have something more to tell us. I do not think that more than three and a third remain. Let it be three and a third. Even if you claim them all as converts, that is very strong. The London Homœopathic Hospital and the dispensaries, and the homœopathic writings, have been going on for 20 or 30 years. Were they doing nothing? How many of those converted already were guided by Dr. Brown, and how many of them are doing now quite as well without the lectures as they could have done with them? I say we cannot affirm that a single one has been converted through the lectures of the school. There is nothing to divide the £3,000 by. We cannot tell the value of the converted in this case, because there is no divisor.

Dr. BAYES: Well, gentlemen, I will not detain you two minutes. The chief thing I have to say is this: Dr. Hayward says he is not satisfied with the way the money is spent. If he will privately write to me and explain in what way he is not satisfied, I shall be very happy to hear from him. But I think myself that Dr. Proctor is wrong in assuming that one takes the position of a culprit. I have been a good deal punished, it is true, by those who ought to have given warm support to the hospital and school, but they fought against the hospital, and they fought against me personally; and it is they, and not us, who are responsible for any injury they may have done. Those who have opposed us are the men who are responsible for the insufficient success of the school; it has been purely their own doing. Some of their sons have been in London as students, and they have not been able to influence them to come and attend the lectures—at least they have not come—and if our own friends' sons will not come, or we cannot attract them with the good instruction we give, and if the lectures do not draw the sons of homœopathic practitioners to the school, how can we expect to draw others.

Dr. DRYSDALE: Make it count as a class, and then it will draw in a moment.

Dr. BAYES: I quite agree with what Dr. Nankivell says, there is very little chance of getting students to come at the present time. If we could hold out to them the probability of having a license or diploma, they would come. They say, What is the use of going there? we have been four years at the ordinary schools, and we cannot stay a fifth in London to attend extra courses. If we could take the fourth year according to my idea—and that would count—and give them diplomas, we should soon make them come, and the numbers of our students would soon increase.



## REVIEW.

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*Materia Medica and Therapeutics arranged upon a Physiological and Pathological Basis.* By CHARLES J. HEMPEL, M.D., &c. Third edition, revised by the Author and H. R. Arndt, M.D. Vol. i.—Chicago: W. A. Chatterton. London: Homœopathic Publishing Company, Finsbury Circus, E.C.

THE book before us is the first volume of a revised edition of the late Dr. Hempel's Lectures on *Materia Medica*; but it has not only been revised, it has been greatly improved, much extraneous matter excised and its place supplied by useful and well selected material.

The condition in which each substance is indicated by its pathogenesis is described, and clinical evidence confirmatory of its power, collected from various writers, as well as the author's own experience, form the plan upon which the work is constructed.

It is a useful book, and forms a very complete introduction to the thorough study of the symptomatology of drugs; and as a work of reference to the practitioner it has a very considerable value.

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## NOTABILIA.

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### THE LONDON SCHOOL OF HOMŒOPATHY.

THIS institution was opened for the current session on the 4th October, by an address from Dr. BURNETT. The audience, though not so large as we have seen on some previous occasions, was nevertheless considerable, the board room of the hospital being fairly occupied by medical men and students.

Dr. BURNETT, in compliance with a recently established regulation, took "The Life of Hahnemann" as his text. The lecturer's wide and varied reading stood him in good stead, and enabled him to produce a sketch of Hahnemann's career at once more interesting and more complete than any we remember having either heard or read. Full of veneration for the once persecuted, ever misrepresented, and now plagiarised founder of homœopathy, Dr. BURNETT's earnestness displayed itself to the full, when asserting the claims of Hahnemann as a therapist, in the unstinted manner in which he denounced the plagiarism from his works which so largely characterises the therapeutics now so popular in some medical schools, and in the contempt which he expressed for those who would deny, by silence, their therapeutic indebtedness to Hahnemann.

The address was long, but was nevertheless listened to with interest throughout. We have reason to hope that Dr. BURNETT will, ere long, make this address the foundation of a still more elaborate examination of the life, character, and works of Hahnemann.



On the following day Dr. BROWN commenced his course of lectures on "Practical Medicine;" and on the 7th ult. Dr. POK opened the "Materia Medica" lectures with an address on *The Study of the Materia Medica*.

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### STATE HOMŒOPATHIC ASYLUM FOR THE INSANE, MIDDLETOWN, NEW YORK, U.S.A.

IN a letter we have just received from Dr. Selden H. Talcott, the Medical Superintendent of this institution, we learn that the percentage of recoveries for the fiscal year ending September 30th, 1880, has been 46.56 per cent.; the death-rate for the same year was 4.1 per cent. The same class of cases under non-homœopathic management in the United States average 25 to 30 per cent. of recoveries, and show a death rate of from 6 to 14 per cent. These results show how important an influence over the recovery of the insane a safe and scientific drug medication possesses.

We are glad to learn from Dr. Talcott that the second wing of the asylum is now nearly complete, and will soon be ready for occupation. When this portion is finished, the asylum will afford accommodation for 400 patients.

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### BRITISH HOMŒOPATHIC SOCIETY.

THE second ordinary meeting of the present session will be held on Thursday, November 4th, 1880, at seven o'clock. A paper will be read by Dr. CLARKE (late) of Ipswich, on "Some Anomalous Cases of Acute Rheumatism."

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### THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE circular detailing the preliminary arrangements agreed upon at Leeds has been received by every medical man known to be practising homœopathy in this country, and so far the result has been satisfactory, Dr. BAYES, the treasurer, having already (Oct. 23) received £23 2s. from twenty subscribers. The list we hope to publish next month.

One reply is such an amusing curiosity that we have been requested to publish it. It is from Dr. Skinner, of Liverpool, the senior editor of the Anglo-American journal called *The Organon*:—

"Dyce, Aberdeenshire,  
"15th October, 1880.

"Dear Sir,—I am in receipt of your circular anent the 'International Homœopathic Convention' of 1881.

"My name is undoubtedly on the list of homœopathic practitioners in Great Britain, as given in the *Homœopathic Directory*, and deservedly so. I wish I could say as much for 99-100ths of the rest. As I do not feel myself bound in any way by the decrees of the 'Leeds meeting,' I am sorry to feel myself forced



to decline having anything to do with the Convention, either pecuniarily or otherwise; I shall certainly not be present in person, and I shall do my very best to dissuade others on both sides of the Atlantic to do the same. (*sic.*)

"I remain, Dear Sir,

"Yours faithfully,

J. GIBBS BLAKE, Esq., M.D.,  
"Birmingham."

THOS. SKINNER, M.D.

Any comment on this letter seems to us needless. Dr. Skinner is quite at liberty to absent himself from the meetings, and to use what influence he may happen to have over others in the same direction.

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## CORRESPONDENCE.

### LICENSING BOARD FOR HOMŒOPATHISTS.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—In answer to our dearly-loved colleague, Dr. Sharp, it is interesting to hear that twenty-seven years ago it was proposed by London homœopaths "to have a school and grant diplomas," and that the scheme was negatived on the two grounds he names. I hope Dr. Black has read this little contribution to homœopathic history.

As to Dr. Sharp's concluding remarks, and his happiness in the success of the opposition which destroyed the chance then offered of establishing homœopathy on a fair basis in this country, I cannot agree with him.

There are two kinds of blind people—(1) those who *can't* see, (2) those who *won't* see—"and upon my word," said an old sage, "the last are blinder than the first."

The present state of homœopathy in England is wholly owing to the policy adopted by the men who opposed the establishment of a "chartered school," under 800 homœopathic physicians practising homœopathy in Great Britain.

The present flourishing state of homœopathy in the United States, with nearly 6,000 homœopathic physicians, is wholly attributable to the opposite policy adopted by the Americans.

The Americans may well say England is a very "one-horse" affair, specially as regards homœopathy, and comment on Dr. Sharp and his purblind colleagues.

Do me the favour to print the enclosed letter, just received from Dr. Talbot, Dean of the Medical Faculty of the Boston University, U.S.A.

All honour to our far-seeing and "go-ahead" American colleagues.

Yours very truly,

WILLIAM BAYES, M.D.

11, Henrietta Street, Cavendish Square.



“ Boston,

“ September 22nd, 1890.

“ WILLIAM BAYES, Esq., M.D.,

“ MY DEAR DOCTOR,—I have just received the *Leeds Mercury*, containing some account of the British Homœopathic Congress, and in it some notice of your report, also Drysdale's remarks. Of course it is difficult at this distance to see anything of the “ ins and outs ” of such a question, but it does seem to me that you are quite on the right tack in establishing an entire and separate medical school, where all the influences will be favourable to homœopathy, from anatomy and chemistry on to materia medica and practice. It is only in this way that your physicians can be thoroughly educated. Not but what your school, as now constituted, if well instructed physicians would attend its lectures, could do a large amount of good ; but the mischief of it is that those who need its instructions most will be the last ones to attend it. We had an experience something not unlike yours here in Boston. Two years before our school was started, we organised a course of lectures on homœopathy for physicians. A few who were friendly to our system, and desired to know more of it, came, but not a single rigid allopath came near us, and the audience was made up principally of homœopathic physicians and their enthusiastic friends ; now it is quite different. The fully established and equipped school takes in nearly all medical students who are, by education, conviction, or social influence, favourable to homœopathy. It has not a little influence as well with the profession, and it has given us from thirty-five to forty-five well-educated physicians annually that we should not otherwise have gained. I hope, therefore, that you will bring all your forces in harmony for the founding of a thorough and entire school. Don't call it homœopathic, but make it fully so, and let it be widely known that such are its opinions. I do not think by any means that your present school has been a failure. On the contrary, it has given life and activity to your ranks, and if it leads to a better way, Heaven be praised !

“ Very sincerely,

“ J. T. TALBOT.”

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*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I beg to call your attention and the attention of your readers to an extraordinary cure of a case of asthma of eight years' standing, following an attack of bronchitis ; I should long have hesitated to do this had I not been treated by and well known to so many eminent medical men, and also strongly urged by many laymen and still more ladies to try this and that sure cure, all which treatment, though sometimes affording me very temporary relief, entirely failed to effect permanent benefit. My



ing and severe sufferings I cannot describe, nor would it serve any good purpose were I able to do so ; very many of my friends as well as my own family were witness to them, but asthmatics alone can understand them. Almost the only relief I got was from change of climate, wintering in Tangiers, Spain, at sea, or in the south of France ; but immediately on my return the old enemy attacked me and rendered me unable to take any pleasure or do any work ; during the night I was always awakened by a feeling of suffocation, which obliged me to sit up and pant for breath sometimes for an hour, but more frequently for two or three hours ; of course I tried every remedy kindly prescribed for me, dieted myself as recommended, I was careful in going upstairs frequently going backwards way, and lying down by degrees and very gently ; sometimes by observing these rules the breathing caused by the exertion of going upstairs and undressing became easy and I got to sleep, which lasted until the suffocating feeling above described came on. You will readily imagine that I did not get fat, and it was far from pleasant to be accosted several times a day by friends saying "How thin you get !" I am now well, I sleep well, I eat well, and can walk and run without difficulty ; this to me seems like a transformation scene in a theatre, so sudden, so striking, so delightful, and I should not only be intensely selfish but extremely wicked did I not tell you, and through you the public, how this relief has been obtained, and how all others similarly afflicted may obtain it. I was telling a valued and intelligent patient my griefs, and after listening to them she said "I feel sure that Ling's movement cure would relieve you if it did no more." Sinking men, it is proverbial, catch at straws. I readily caught at what I then thought a straw ; but mark the result ; I have only been under treatment a week (one hour daily) and I can most truthfully say that I am well ; and I am thankful to my patient who first mentioned the treatment to me, and most grateful to Major Leffler to whose skill and unremitting care I owe the good health I now enjoy. I have no difficulty in going upstairs or exerting myself in any manner, and what is more delightful I have no attacks in the night ; I have gained already 8 lbs. in weight, and am broader across the chest by one inch and a half. I go on with the treatment as it is pleasurable, and the Major thinks that I shall regain my lost weight ; this to a man who has seen seventy-seven summers seems fabulous, but from what has already been achieved I firmly believe the Major.

I am, Gentlemen,

2, Gordon Square,  
August 28th, 1880.

Your obedient Servant,  
GEORGE DUNN.

[We, in common we are sure with all who have had the advantage of the personal acquaintance of our veteran colleague,



heartily congratulate him on his improved health. It would, however, be unjust to our valued friend, Dr. Roth, to omit stating that he has for a long series of years practised with much success the method of the distinguished Swede in the treatment, not only of deformities, but of various chronic diseases—asthma among the rest.—Eds. *M.H.R.*]

## NOTICES TO CORRESPONDENTS.

••• *We cannot undertake to return rejected manuscripts.*

Communications, &c., have been received from Dr. DUDGEON, Dr. BATES, Dr. MORRISON, Dr. COOPER, Dr. BURNETT (London); Dr. DRYSDALE (Liverpool); Dr. HUGHES (Brighton); Dr. SHARP (Rugby); Dr. HARMAR SMITH, (Ramsgate); Dr. JESSEN, Chicago.

We regret that the large space occupied by the Congress reports obliges us to delay our notice of Dr. HUGHES' new volume.

Dr. COOPER's paper is in type, and we had hoped to have been able to publish it this month, but regret that we find it impossible to do so.

Dr. HARMAR SMITH's letter shall appear in our next number. We are sorry that we are unable to publish it in this.

## BOOKS RECEIVED.

*Doctor, What shall I Eat? A Handbook of Diet in Disease.* By C. Gatchell, M.D. Chicago: Duncan Bros. 1880.—*The Feeding and Management of Infants and Children, &c.* By T. C. Duncan, M.D. Chicago: Duncan Bros. 1880.—*The Common Diseases of Children.* By Dr. Ruddock. Second edition. London: Homœopathic Publishing Company.—*Therapeutical Materia Medica.* By H. C. Jessen, M.D. Chicago. 1880.—*The Homœopathic Therapeutics of Intermittent Fever.* By H. C. Allen, M.D. Detroit.—*British Journal of Homœopathy.*—*The Homœopathic World.*—*The Students' Journal.*—*The Chemist and Druggist.*—*The Monthly Magazine of Pharmacy.*—*The Homœopathic Times.* New York.—*The Hahnemannian Monthly.* Philadelphia.—*The New England Medical Gazette.* Boston.—*American Observer.* Detroit.—*The St. Louis Clinical Review.* St. Louis.—*United States Medical Investigator.*—*Homœopathic News.* St. Louis.—*Therapeutic Gazette.* Detroit.—*South Australian Register.* Three Nos.—*Address by E. S. Walker, M.D.* St. Louis.—*Bulletin de la Société Homœopathique Médicale de France.* Paris.—*Bibliothèque Homœopathique.* Paris.—*L'Art Médical.* Paris.—*L'Homœopathie Militante.* Brussels.—*Revue Homœopathique Belge.* Brussels.—*Allgemeine Homöopathische Zeitung.* Leipzig.—*Homöopathische Rundschau.*—*Rivista Omiopatica.* Rome.—*El Criterio Medico.*

Papers, Dispensary Reports, and Books for Review to be sent to Dr. POPE, Lee Road, London, S.E., or to Dr. D. DYCE BROWN, 29, Seymour Street, Portman Square, W. Advertisements and Business Communications to be sent to Messrs. E. GOULD & SON, 59, Moorgate Street, E.C.



## THE MONTHLY HOMŒOPATHIC REVIEW.

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### THE LATEST FASHION IN ALLOPATHIC MEDICINE.

Nothing shows more conclusively the evil results of the want of a guiding law in old-school therapeutics than the existence of "fashions in physic." A new remedy is discovered, and presently becomes the rage, and is prescribed in large doses, not only for the complaint as a specific for which it was at first introduced, but for nearly every ill that flesh is heir to. This result is the necessary consequence of empiricism. A medicine is *tried* on the unfortunate patient till its comparative usefulness or uselessness is ascertained. It is at first lauded to the skies as a specific for one or more ailments, is prescribed as a matter of course by every one, till it is gradually found out that its vaunted powers are infinitely less than was at first supposed, and the remedy slowly loses in general favour, perhaps ceasing to be prescribed at all. And so will go on the history of old-school medicine, a repetition *ad nauseam* of the old story, until the existence of a law in therapeutics is recognised, after which happy time fashions in physic will cease.



How different with homœopathy ! Having the grand law of similars as our guide, each remedy has its own individual sphere, in which it is excellent, but it is only prescribed in cases where the pathogenetic action tells us beforehand it will be valuable, and not in a random manner for other complaints, for which the pathogenesis gives us no indications. In this, we see one of the most remarkable points of contrast between the two rival systems of medicine. While allopathy changes its treatment every few years, and what was the fashion one day is consigned to the shelf of history the next, homœopathy remains unchanged since the days of HAHNEMANN ; the medicines used by him being still those most employed, and for precisely the same indications and the same complaints as he pointed out each to be useful for. There are, and have been, no fashions in homœopathy, simply because the law remains the same, and whoever acts on the law of similars in prescribing is thereby prevented from falling into routine fashion. We have had once and again to notice this prevalence of fashions in old-school medicine, and it is instructive, from the homœopathic standpoint, to do so, as it exhibits our certainty, arising from the possession of a law, in contrast with the uncertainty involved in the absence of one in the old school. Within not many years we have seen the advent of "our beloved *bromide*," as Dr. MATTHEWS DUNLAN satirically calls it, as an almost universal remedy, followed by the gradual disappearance of this drug from its original lofty position, but only after having produced so many ill-effects that we have thereby been furnished with abundant "provings" of it. Next came *chloral*, and the same interesting process has been gone through at the expense of unfortunate patients ; and last of all has come the *salicylate of soda*, or its acid, *salicylic acid*.



When this drug was first brought out in 1872, it was vaunted as the long sought for specific in acute rheumatism. We were told that so sure a specific was it that, in a few hours, or, at least, days, the high temperature, quick pulse, and pains vanished under its uses, and that the patient was cured in no time. From that date till now this medicine has been the rage. No allopath dreamt of treating his acute rheumatism cases in any other way. We were told that our homœopathic treatment was nowhere now, and certain of our *confrères* (tell it not in Gath) were so caught by the fashion that they adopted it, and discarded their old and tried remedies. But, alas! the image of Baal has been knocked off his lofty pedestal. So able an observer as Dr. GREENHOW, as the result of the treatment of sixty cases by *salicin* and *salicylate of soda*, states that "these agents could not be regarded as in any respect specifics in the treatment of rheumatic fever." Dr. GREENHOW's paper is what our kinsmen across the water would term "an eye-opener," and our allopathic friends are rubbing their eyes, and going back with a sigh to old plans of treatment; while our own *confrères*, who were bitten by the fashion, will now probably keep their thumb on their little therapeutic escapade.

The history of the allopathic treatment of rheumatic fever is in itself a mirror of "fashion in physic." After the antiquated bleeding and mercurialisation, under which a satirical physician described the best treatment of this disease as "flannel and six weeks," came Dr. FULLER's famous *alkaline* treatment, which for some years held its power, till it was discovered that this treatment produced such an anæmic debilitated state that convalescence was actually prolonged, and Sir Wm. GULL and Dr. SUTTON announced that they got as good results from mint-water alone.



After this came the blister treatment, which has hardly become a "fashion," but is still considerably employed. Last of all, came the *salicin* and *salicylate of soda* cure; the latest "fashion" in old-school treatment. The wonderful effects of these remedies, as seen through the empirical spectacles of our allopathic friends, we have already described. But now we find that the grand results existed in the imagination, aided by mental magnifying glasses. At a meeting of the Clinical Society, on May 14th, of this year, Dr. GREENHOW, the President, read two papers on the treatment of rheumatic fever by *salicin* and *salicylate of soda*. Ten cases were treated by the former and fifty by the latter, forming a total of sixty cases. The report of these papers, on which we base our remarks, is to be found in the *British Medical Journal* for May 29th. The papers are very straightforward and honest. Dr. GREENHOW seemed, if anything, prejudiced at first in favour of these remedies; but the cases are stated clearly and with no attempt at making the best of them. He simply gives his own experience of this large number of cases, and draws his conclusions. These conclusions are that *salicin* and the *salicylate of soda* "cannot be regarded as in any respect specifics in the treatment of rheumatic fever." The temperature is brought down quickly and the pains generally relieved quickly, at first at least, but neither of these results is uniform. In some cases the temperature went up in spite of the medicines, and the pains were not relieved, while one or several relapses were unusually frequent. Complications of pericarditis and pleurisy occurred during the use of the drugs, and more frequently than the average under other treatment. Deafness, vertigo, headache, vomiting, and diarrhoea were often produced. The heart's action was rendered so weak in many cases as to require the adminis-



tration of stimulants. Convalescence was unusually long, the average stay in hospital being 55—57 days, while even then the patients were sent out in a state in which they were unfit for work. As the report puts it—"This period (the stay in the hospital), however, by no means represented the duration of their disabling illness, for all had been, at least, a few days ill previous to admission, and probably never were discharged in a condition to resume work, many having been sent to convalescent hospitals and others to their friends in the country to recruit."

Such results conclusively show that the *salicylate of soda* treatment of rheumatic fever, while temporarily easing the patients, is not only in the long run not successful, but is positively injurious. We hope, therefore, we shall hear no more of homœopaths adopting this mode of treatment. Several of the speakers, after the reading of the paper, corroborated from their own experience Dr. GREENHOW's conclusions. But we think it will be more satisfactory to our readers to quote the report of the papers entire, as they can then examine the cases in detail, and read Dr. GREENHOW's own remarks on each :—

"*Rheumatic Fever treated with Salicin.*--Two papers contributed by the PRESIDENT were read by the Medical Secretary (Dr. F. TAYLOR). The first was an account of ten cases treated with *salicin*. The author stated that for some years past he had been in the habit [of] testing carefully and methodically in a series of cases the several remedies from time to time proposed for the treatment of rheumatic fever. During the last three years, he had treated, in the Middlesex hospital, ten cases with *salicin* and fifty with *salicylate of soda*. All the patients were confined to bed until the fever had entirely subsided. The diet consisted of milk, beef-tea, and sometimes eggs; stimulants were sparingly given. The affected joints were wrapped in cotton-wool, and when pericarditis or endocarditis was present, *belladonna* and *iodide of potassium* ointment was applied over the præcordia. In most



cases, simple effervescing medicine was prescribed on the day of admission, and an aperient and occasionally sedatives were given, but the latter as seldom as possible. In all the cases treated with *salicin*, and with many of those treated with *salicylate of soda*, the urine was examined the day after beginning the medicine, and found invariably to yield the characteristic reaction with *perchloride of iron*. In order to exclude cases of mild type, which, especially in young subjects, rapidly improved under any kind of treatment, the *salicin* or *salicylate* was not prescribed until the patient had been from twenty-four to thirty-six hours in the wards. Case 1.—First attack; incipient pericarditis; *salicin* in full doses on day after admission. Temperature began to fall on third day, became normal on sixth. Pains abated on second day and ceased on fifth. The *salicin* taken every two hours, for six days, then for two days every four hours, and for nine days every six hours. A mild relapse occurred while taking the drug. Epistaxis occurred in this case; and the heart's action became feeble, requiring stimulants. Discharged on sixty-sixth day. Case 2.—Sixth attack; admitted on fourteenth day; mitral disease and pericarditis. Pain diminished on second day of treatment, ceased on sixth day. Temperature fell on third day and became normal on fifth. *Salicin* was given every two hours for six days, then every four hours; but, a relapse occurring, the frequency was again increased to two hours. Vomiting and headache became so severe, that at the end of ten days more the drug was discontinued. Pleurisy and a second attack of pericarditis occurred. Discharged on 107th day. Case 3.—First attack; ailing several weeks; pericarditis. Pains rapidly subsided, and temperature became normal on fourth day of taking the drug, but cardiac failure was very much marked, and the *salicin* was discontinued on the eighth day. Discharged, with an open systolic murmur, on twenty-fifth day. Case 4.—Third attack; old mitral disease and a recent basic murmur. Pericarditis supervened two days after the *salicin* was commenced; the temperature soon fell to normal, but pains and sweating did not subside with it. A mild relapse occurred after the *salicin* was discontinued. *Iodide of potassium* was given, and the patient discharged on the fifty-



eighth day. Case 5.—Third attack; relapse; pericarditis. Temperature normal, and pains greatly subsided on the fourth day. Epistaxis supervened and pulse became small and feeble on the third day. Discharged on twentieth day. Case 6.—First attack. Temperature fell to normal, and pains subsided after two days' treatment, but pericarditis developed. Pulse became very feeble; vomiting and epigastric pain occurred nine days after the commencement of treatment, unrelieved by reduction in frequency of the drug, which was discontinued on the eleventh day. A relapse occurred, but *salicin* was not prescribed again. Discharged on forty-sixth day. Case 7.—First attack; third day. The temperature fell to normal on the third day of treatment; pains and sweating subsided more slowly. The *salicin* was continued till the twenty-third day, and patient discharged on forty-fifth day. Case 8.—Second attack; tenth day. The temperature fell to normal and the pains subsided within thirty-six hours from commencing to take *salicin*, which, at first given every two hours, was afterwards reduced, owing to feebleness of pulse, and omitted on the twelfth day. Discharged on the twenty-third day. Case 9.—Second attack; third day; complicated with pneumonia. Temperature excessive on tenth day; pains continued a day or two longer. The sounds and impulse of the heart became very feeble on the twelfth day. Discharged on thirty-third day. Case 10.—Second attack; sixth day. Double pneumonia and hæmaturia, endocarditis and pleuro-pericarditis. The pains in the joints disappeared on the seventh day of treatment, but the temperature remained high until after the *salicin* had been discontinued, on account of persistent and uncontrollable sickness. *Chloral* and *morphia* were required frequently at night, and stimulants were freely given on account of the dyspnoea and feeble irregular action of the heart. Twenty grains of *salicin* were given every two hours for seventeen days. It caused sickness at a very early period, and after a few days dryness and soreness of throat. Discharged on fifty-eighth day. Thus the effects of the drug were not very satisfactory. The temperature appeared to be reduced and the pains to subside in the uncomplicated cases; but in



Cases 1, 2, 4, and 6, relapses occurred when the *salicin* was either discontinued or the frequency of the dose diminished. Case 5, one of relapse, had already been laid up some time, and recovery might have been as rapid under simple rest and diet, while in 9 and 10, complicated with pneumonia, the *salicin* did not appear to exert any influence in their progress. On the other hand, *salicin* appeared to produce some inconvenient consequences. In one case epistaxis, which recurred when the dose was increased; in four cases marked cardiac depression; nausea and vomiting in two cases. Lastly, the detention of patients in hospital was not shortened by the treatment; for, except Cases 3, 5, and 8, two of which were approaching their close when admitted, the patients treated with *salicin* recovered more slowly than was common in cases of similar severity under other modes of treatment.

“ *Cases of Rheumatic Fever treated with Salicylate of Soda.*— This was the title of Dr. GREENHOW's second paper. The cases were fifty in number, and abstracts of a few of them were read. The author discussed firstly the physiological effects of *salicylate of soda*, and then the therapeutical effects. One of the most obvious effects of the treatment in the majority of cases was a speedy fall in temperature, sometimes within a few hours from commencing the treatment, and save in a few cases, within two or three days. The pulse usually, but not invariably, came down in frequency with the fall of temperature. In forty-five out of the fifty cases, certain well marked physiological symptoms attended the reduction of the fever. There were effects on the nervous system, such as deafness, vertigo, headache, noises in the ears, delirium, and hallucinations. Deafness often occurred early, and was noticed in twenty-seven cases; sometimes it was very intense. Vertigo occurred in fourteen cases. Very intense headache, chiefly frontal, though less frequent than deafness and vertigo, was when it occurred, a much more distressing symptom; it was complained of in nine cases, and in one recurred until the resumption of the medicine. Delirium was present in eight cases; hallucinations in four. Great depression of pulse and



action of the heart was the most important effect produced on the circulation. More or less weakening of the pulse, calling for stimulants in almost every case; great weakening of the impulse of the heart, and in ten cases, almost complete obliteration of the first sound. The pulse was irregular and dicrotous in some. Vomiting occurred in twenty-two cases, great injection of the tongue in many cases, soreness of the tongue in three, and an aphthous state of the tongue in three cases. Diarrhoea in two cases was evidently referable to the *salicylate*. Epistaxis occurred in seven cases. In two, transient albuminuria was observed; in two others tremor of the hand or tongue, which might not have been due to the drug. Speaking of the value of *salicin* and *salicylate of soda* in the treatment of rheumatic fever, Dr. GREENHOW said that his experience led him to regard these as the most powerful anti-pyretic agents with which he was acquainted. The temperature soon fell under their use. The pulse commonly fell at the same time; and the pains soon abated very considerably, and in most cases entirely ceased within a few days. But the improvement in the symptoms only took place coincidently with the development of one or more of the physiological phenomena already described; and in all the most acute cases the relief derived from the medicine passed away soon after the treatment was intermitted and a relapse—in some cases several relapses—took place. On this ground, these agents could not be regarded as in any respect specifics in the treatment of rheumatic fever. Excluding two cases which passed into the state of hyperpyrexia whilst under the physiological influence of the *salicylate of soda*, two other cases which proved fatal, and about fourteen very mild cases from which no conclusion could be drawn, there were relapses in twenty-one out of the remaining thirty-two cases. In even of these twenty-one cases there was one relapse, in nine there were two, in two there were three, in another two, four, and in one five relapses. A proportion of twenty-one out of thirty-two was a large one for relapsing cases; and in most of the cases the relapse was due to the passing off of the influence of the medicine. Admitting the great immediate relief that



appeared to follow the use of these agents in the treatment of rheumatic fever, there still remained for consideration the question whether, upon the whole the treatment was successful. The answer depended upon whether the complications apt to rise in rheumatic fever were less frequent under this treatment; whether the condition of the patient after recovery was better or worse; and whether the length of time during which the patient was disabled was shorter or longer under this than under other modes of treatment. To all these questions Dr. GREENHOW's experience led him to reply in the negative. In the first two cases recorded hyperpyrexia was developed after the proper physiological influence of the *salicylate of soda* had become manifest. Pericarditis was present in many cases before the treatment was commenced; but in several instances it improved afterwards. In three cases pneumonia, and in four others pleurisy, supervened when the physiological effects of the medicine had become manifest. On the other hand, several cases that were admitted with either pleuropneumonia, bronchopneumonia, or bronchitis, ran very much the same course as in similar cases under other treatment. Patients treated with *salicylate of soda* appeared to him to become unusually anæmic, and to regain health and strength very slowly. Excluding the two cases of hyperpyrexia, the two fatal cases, and nine very mild cases, which were, on the average, less than twenty days in the hospital, the remaining thirty-seven cases were, on an average, fifty-seven days each in the hospital. This period, however, by no means represented the duration of their disabling illness; for all had been at least a few days ill previous to admission, and probably never were discharged in a condition to resume work, many having been sent to convalescent hospitals and others to their friends in the country to recruit. An examination of the cases treated with *salicin* showed a very similar result. Two cases which were admitted in an advanced stage of their illness being excluded, the average residence in hospital of each of the remaining eight cases were fifty-five days. With regard, therefore, to the treatment of rheumatic fever with *salicin* and *salicylate of soda* Dr. GREENHOW came to the conclusion



that the pain and distress of the patients were undoubtedly for a time greatly assuaged, but that the duration of the illness was not shortened. Blisters applied in the vicinity of all the painful joints were by far more efficacious and speedy in the relief they afforded, and had the advantage of not producing so much subsequent debility. He feared also that the marked weakening of the first sound of the heart, present in many cases in which *salicylic acid* was given, indicated the exertion of an influence upon the muscular structures of that organ, which might not always pass away when the treatment was suspended, and more particularly when either inflammation of the endocardium or pericardium, or of the muscular structure itself, existed during the treatment."

Further comment on our part is needless. We as homœopaths have, however, gained valuable information from the allopathic use of *salicylate of soda*. The evil effects produced are so many "provings" of the drug, and have led us to predict its value as a remedial agent in certain forms of deafness, headache, and vertigo, especially that form known as "Menière's disease;" the cases of cure reported from time to time in our journals, proving the accuracy of such predictions. Predictions of this kind are simply deductions from the law of similars—a process, in fact, of putting two and two together. The law is true, and the careful application of it infallibly ensures success. Such *experimenta crucis* are valuable as strengthening our confidence anew in HAHNEMANN'S wonderful system of therapeutics, which has already been such a boon to mankind, and which is now tardily forcing its acceptance, however unwillingly received, on the more thoughtful and earnest members of the old school.



## CLINICAL CASES.

By S. H. BLAKE, Esq., M.R.C.S., Liverpool.

(Continued from page 547.)

## CASE XIII.

September 26.—Mrs. H., æt. 40. Suffers from a “great pain” in the region of the heart, which frequently attacks her. She describes the pain as dragging, and when it comes on she feels as if she would die, and it is attended by difficulty of breathing. It comes on generally in the afternoon or evening, and the worst attacks occur at this time. She is subject to palpitation on exertion, and faintings, and is in a very depressed state of mind about this heart affection. Has no appetite. Tongue transversely cracked. She has been very ill with these symptoms since June 8rd (three months).

I prescribed *aurum metal.* 6th cent. ter die.

Oct. 3rd.—Is much better; has had much less of all the sensations at the heart, and much less of the faintings, and now only complains of a “mazy” feeling in her head.

Repeat medicine for seven days.

This cured her.

What are the symptoms of *aurum* proving? “Melancholy apprehensiveness, full of fear.” “Great anguish coming from the præcordial region, driving him from place to place—palpitation.” “Weary of life, especially in the evening.” “Frequent attacks of anguish about the heart, with tremulous fearfulness.” “Violent beating of the heart after exertion.” “Palpitation with great agony.” Although *veratrum viride* causes weak pulse, depressed spirits, and dull aching in the heart, it is not characterised by the anguish arising from the cardiac region producing intense mental depression as described under *aurum*, and the pulsations of *veratrum viride* poisoning vary from loud, strong beating of the heart, to low, feeble, and even a fluttering action of this organ.

*Arsenicum* is characterised by anguish about the heart, associated with restlessness and pyrexia in acute cases, and by a quick, feeble, irregular pulse in chronic ones. With *cactus* the pain is dull and heavy, with sense of constriction, and with cyanosis, and the mental state hypochondriacal aggravated by offering the patient any consolation. In other respects this medicine's effects are similar in many ways to the case cited. Intense pain is not characteristic



of the effects of *digitalis*, and there is the "sensation as if the heart would stop beating if she moved with fear of impending death," which forms a good indication for this drug in a clinical sense.

*Lycopus* causes stitch-like pain, or throbbing pain in the cordia. *Tarantula*, like *cactus* and *lilium*, causes compression at the heart—it suddenly ceases to beat.

*Tabacum*, sudden præcordial anguish, but without the fear of death.

*Vipera*, swelling up of the chest; he tears open the clothes; pain with chilliness.

*Zincum*, tenderness and swelling with the pain, irregular spasmodic action, or sometimes a single thump.

Palpitation, fainting, and pain are common to many medicines, yet the quality of cardiac disturbance leading to these symptoms serves to form a clinical distinction between them.

In comparison with *aurum*, I may turn to one or more cases treated with *veratrum viride*.

#### CASE XIV.

On March 15th, Elizabeth E., æt. 49, came to consult me for the following symptoms: Panting dyspnoea has now lasted two days; the respiration is very rapid; the pulse weak, almost imperceptible; is constantly coughing, with retching, as if she would burst a blood-vessel, and with the cough, after great difficulty, she raises a "thick bluish" phlegm, and sometimes she actually vomits with the cough. Has no appetite. Pulse 120 in the erect posture. Respirations about 68 per minute at one time, but at another time I counted nearly 100 to the minute. The pulse is very variable indeed in frequency. *Verat. viride* 8 p. 2 hor. I advised her to come the next day.

March 16th.—Much relieved of every symptom. She herself says she is "wonderfully better in this one day." Expectoration less, if anything, than yesterday. Panting character of respiration now almost gone; she breathes almost naturally. Respiration about 40 per minute. Pulse 100 per minute (erect posture), still very weak and compressible; some of the beats are almost imperceptible to the finger. The cardiac sounds are both accentuated or increased in loudness, the heart seeming to act strongly at each impulse, yet the pulse is not increased in force to a corresponding degree. The cough, when it comes, brings



on increased dyspnoea, and greatly accelerates the already quickened respiration. [Cardiac hypertrophy and hyperdilatation?] Heart sounds clear, without murmur. The cough and irritation at the throat are still troublesome. Repeat medicine.

March 18th.—Great improvement. Pulse, when sitting, 80 per minute. Sometimes experiences a fluttering sensation at the heart; it “jumps up” to the middle sternal region, or rather she has a sensation as if it did this. But she reports herself “wonderfully better.” Repeat medicine.

March 22nd.—Is now a “great deal better”—in fact, this woman was now so far well that it was not necessary for her to make another visit. The medicine was repeated, and this terminated the treatment.

NOTE.—Fluttering is a characteristic of *verat. vir.* I consider it not to be pathogenetic in this instance, but only a symptom not previously noted.

#### CASE XV.

Here is another case:

On February 16th, T. B., aged 30. Pain in the side at the cardiac region (apex). Palpitation, with a fluttering of the heart; she feels, sometimes, as if she were about to die. Has been for seven weeks very ill with these symptoms. The least walking fatigues her. In the erect posture the pulse is 130 per minute. Heart's action and pulse quick, weak, and hurried.

*Verat. vir.*, 3, omne 4tâ horâ.

March 1st.—Symptoms relieved. Repeat medicine.

March 15th.—A great deal better. Repeat medicine. Cured.

In my clinical experience of *veratrum viride*, I am led to coincide with Dr. Moore's expression of opinion, that one of the largest spheres of usefulness of *veratrum viride* is in cardio-pulmonary dyspnoea. In the cardiac weakness, often attended by palpitation and breathlessness, which is so frequently found associated with chronic-pulmonary diseases, such as chronic bronchitis; and this medicine has appeared to me to have done so much good service in very many instances that it is difficult to forbear from saying something in its praises. I have obtained very good results from the lower potencies, especially with the first centesimal, and also very good results from the third



centesimal; and the pure tincture, a drop or two, in a tumblerful of water, has yielded good results in more than one case; and I have seen no aggravation or evil consequence on the heart's action ensue from that quantity, even in persons where the heart is very weak and, possibly, degenerate, without signs of hypertrophy.

An instance may be given of the action of the lower potency.

#### CASE XVI.

May 20th.—Mrs. S., a middle-aged woman, complained of pain and palpitation, extending from the cardiac region to the shoulders. Breathlessness on exertion; pulse, weak.

*Verat. viride*  $\phi$ , gtt.  $\frac{1}{2}$ , ter die.

May 30th.—Much better of palpitation and chest symptoms. Had some slight cramps in the muscles of legs (pathogenetic action?). The medicine was, however, repeated, which, perhaps, should not have been done, at least, in so low a dilution. But the patient did not require to come again.

#### CASE XVII.

Mrs. C., aged 50, came on July 17th, suffering from great dyspnœa, attendant on bronchitis and deranged cardiac action. Heart's action, heaving; impulse plainly felt on ear through the stethoscope. No murmur, but a thrilling or vibrating sensation is communicated to the ear with the impulse. She complains of fluttering in the heart, and is obliged to sit down to catch her breath on making the least ascension, as on going up a hill or upstairs, before she can go on again. She cannot go on for want of breath.

*Verat. viride* (a pilule saturated with the pure tincture) was prescribed three times a day. In three weeks this treatment cured all the symptoms, so far as her sense of relief required, and made, to use her own words, "a good job of her"—that is, she was enabled to walk perfectly well without dyspnœa. Of course this patient suffered from breathlessness before, and independently of an attack of bronchitis which had just supervened and made her worse, at the time when she first came under treatment.

Again. Mrs. E., æt. 40, has pleurisy, with prickings in the chest, like a pin running into the chest, on coughing. Suffers also much from faintness and dyspnœa. *Verat. viride* (pilules saturated with  $\phi$ ), a pilule ter die.

Cured the dyspnœa in a week, and further symptoms with jaundice followed, which required other medicines.



## CASE XVIII.

Mrs. H., æt. 54, July 26th. Fluttering at the heart, with flatulence in stomach; a slow and weak pulse; dyspnoea on ascending, and asthmatic dyspnoea with froth rising in the throat. Has signs of dilated weak heart. Cardiac sounds very clear, very sharp, short, distinct, and high-pitched, and sound as if close to the ear. Cough, with moderate expectoration. *Verat. viride*  $\phi$  (saturated pilules) ter die, relieved these cardiac symptoms most completely in a fortnight, and *bryonia*  $\phi$  completed the cure. I incline also to the view that *digitalis* would have suited this case.

J. Richardson, a boy, æt. 7 years, came on June 17th, suffering from pain in the heart and in the back, with cough and loss of appetite. This came on after measles. Cardiac action very quick, heaving, with rapid palpitation on exertion, with a thrill palpable over a large area on applying the hand. Great dyspnoea in a continuous form. Has had dropsy twice since the measles. Is very nervous.

Has bronchitis, with loose muco-purulent expectoration; can get no better under allopathic treatment, and is not expected to recover.

*Verat. viride*, 1x., pilules i. pil. ter die.

By July 17th, this case is noted as completely cured. As improvement commenced at once under this medicine, it was repeated every week until the 17th July, at which date I made a note that there is no suffering nor inconvenience in the chest whatever; some slight pulmonary catarrh remained, with thick yellow sputa, which were removed by *kali hydriodicum*, 2 x.

## CASE XIX.

Again, Mrs. A., aged 45. Aug. 17th. Has regurgitation of food from the stomach, which is brought on by a kind of dyspnoea, which brings back the food from the stomach. She is cyanotic. She always wants the frosty air to get relief (venous congestion?); and is worse in July and August. Tongue white; palpitation; cough; frothy sputa. She is hardly able to stand up for the dyspnoea. Pulse very feeble. On examining the chest, I found sonorous râles; cardiac sounds distant, nearly inaudible without close attention, at the apex (emphysema of lung, dilatation of the heart, degeneration, or a combination of these?). The sounds, though clear and without murmur,



give the impression as if far away from the chest walls. Occasionally, a fluttering action of the heart is perceptible on auscultation. She has a feeling of anxiety in the chest. I should consider this case one of dilatation, especially of the right cavities, with very insufficient hypertrophy, if any at all, concealed by a certain amount of emphysematous lung.

*Verat. vir.*, 1, pil. ter die.

August 25th.—Much better in every symptom. Is able to talk about much better. The medicine was continued for a few days, but at the end of this time the patient appeared to reach a certain point in the progress, but to get no further, and on reconsidering the case I decided in favour of *digitalis*, which was given in pilules of the strongest saturation, one three times daily, with most marked relief. Thus both medicines had a share in bringing this case to a good end, but the *digitalis* finally accomplished what the *eratrum viride* had failed to do. However, the latter medicine relieved the dyspnœa in a most marked manner.

The symptoms of *digitalis* are :—

“Face, bluish red—cyanosis.” “Passive congestion of the lungs [condition : weakened and dilated heart].” “Feels better when perfectly quiet, [condition : emphysema, with heart disease.]” “Heart’s action and pulse accelerated by the least motion.” “Pulse, intermittence in the 3rd, 5th, or 7th beat, and breathing slow, asthmatic in early morning, and in cold weather, worse when walking.

“*Veratrum viride* :—

“Face, bluish cold, or flushed ; oppression of chest ; laboured breathing ; congestion of chest, with rapid respiration ; heart’s action and pulse suddenly increase, with strong and loud action, changing gradually to the reverse, becoming slow, soft, weak, intermittent, and, finally, fluttering. There is thus, as with *digitalis*, a sudden acceleration of the heart’s action, and an increase of force in its impulse from slight causes, but this is followed by the reverse kind of action—slow, soft, weak, intermittent. There appears to be among the symptoms of *veratrum*, however, a larger share of arterial excitement than with *digitalis*. Some would draw the comparison by saying that *veratrum viride* causes a greater reaction in the arterial system than *digitalis*. *Digitalis* produces lethargy, *veratrum viride*, excitement, with weakness, and *aurum*, a profound and painful depression of mind or mental anguish;



and the mental conditions of these medicines, as with others, are but a reflection of the physical phenomena. I may add one more case.

### CASE XX.

Oct. 8rd. J. B., æt. 14. Has hard enlarged glands in the neck, pressing on the pharynx, causing pain on swallowing, and the painfulness of the neck causes him to arch the neck forward in a stiff manner. Tongue coated white. Suffers much from dyspnœa.

*Rhus tox.* 1 p. ter die.

Oct. 7th. Neck much better in every way. Repeat.

Oct. 14th. Dyspnœa now troublesome, with pain about the umbilicus. Has swelling (œdematous) of the face and legs. The lungs are very emphysematous. Cardiac sounds pure, but he is very short in breathing on any exertion. Barrel-shaped chest. Heart sounds too superficially palpable, and heaving so as to be plainly felt by the ear upon the stethoscope. Cough with yellow sputum.

*R. verat. vir.* 1 p. ter die.

Oct. 17. Pain in bowels relieved. Swelling of face and legs gone down. He says the medicine has done him a great deal of good. The dyspnœa much diminished; less cough and expectoration. Much improved in every way under this medicine. His only inconvenience now is a pain which extends across the chest, from the right side to the left, on going off to sleep, but it goes off on getting up in the morning. Repeat *verat. viride* 1 t. d. for a week. This so far relieved all the symptoms as to end the treatment.

Pathologically it may be said that *aurum*, *ceratrum viride*, and *digitalis* correspond well to three varieties of symptoms depending upon dilated heart.

### EPITHELIOMA :

*Removal by Marston and MacLimon's Paste : Symptoms of Stramonium Poisoning.*

By C. KNOX SHAW, L.R.C.P. LONDON.

THE following case seems worthy of record, for two reasons—the successful removal of the growth, and for symptoms of stramonium poisoning, induced by one of the ingredients of the paste.



The patient, a lady, aged 81, had had for many years a wart on the surface of the abdomen. Some two years ago it was rubbed off, and a sore followed. This slowly increased in size; and beyond being at times chafed by the clothes, caused her but little pain or inconvenience. Many domestic remedies had been used to heal it without effect. Within the last few months the sore had increased more rapidly in size.

The case first came under observation in January, 1880, when there was found on the right side of the abdomen, a little below and about four inches from the umbilicus, a growth, circular in shape, and about one and a-half inches in diameter. It was raised above the level of the skin, with an uneven, granulating surface, everted, indurated edges, and a thin, ichorous, offensive discharge. The base was hard and firm, the growth infiltrating to some extent the surrounding tissues. An apparatus was devised for keeping off the pressure of the clothes, and the patient was put upon *hydrastis* and *iodide of arsenic*. The growth, however, rapidly increasing in size, it was determined to use a caustic paste; the patient's age and wishes eliminating treatment by the knife or cautery.

In both Fell's paste and Marston and MacLimon's paste it is recommended to use, with the caustic, the *extract of stramonium*, the latter advising a *stramonium* ointment. An ointment was made of one drachm of *extract of stramonium* to an ounce of *vaseline*. There being no pharmacopœial preparation, the ointment was made of a strength corresponding to *unguentum belladonna*, B.P.

The ingredients of the paste were as follows :—

<i>Chloride of zinc</i>	...	...	...	3 i.
<i>Muriate of hydrastia</i>	...	...	...	3 iss.
<i>Flour</i>	...	...	...	3 ii.

This was made into a paste with some *decoction of hydrastis*: to this, an equal quantity of *stramonium* ointment was added.

On February 28th, some of the paste, certainly not more than two drachms, if so much, was thickly spread on a piece of lint and applied to the surface of the growth; over all, a pad of cotton wool was placed, and strapped to the surface of the abdomen. The paste very soon caused considerable smarting pain.



Between nine and ten that evening the patient became restless, and passed an unquiet night, with occasional delirium.

When seen next morning, February 29th, at 7.45, she presented the following condition:—Face flushed; eyes bright, with widely dilated pupils; tongue covered with a thick, creamy, white fur; very sleepless. Though apparently understanding all that was said to her, she had hallucinations—saw objects on the wall and ceiling; she saw dogs, horses, and men in the room, and imagined that men were filling up her room with furniture. She was constantly busy with her hands, stretching them out to clutch at imaginary objects, and with difficulty being restrained from getting out of bed. She complained of a swimming sensation in the head when she moved. There was a constant desire to micturate, but only a small quantity of highly-coloured urine was passed each time. The abdomen was much distended with flatus and tympanic on percussion. The whole surface of the skin appeared flushed. Temperature normal; pulse 100.

The paste was removed; the tumour was covered with a thick eschar, and surrounded with a patch of erythema. A simple dressing was applied. *Morph. hydrochlor.* gr. 1-6th ordered to be given every two hours.

7 p.m. Vomited at three o'clock, but afterwards slept soundly for two hours. Pupils not so dilated, but face was still very flushed, and there were still the delusions. The urine was constantly being passed under her. Abdomen much distended; tongue white; mouth dry. Temperature 98.6; pulse 108. The *morphia* was omitted, and *lycopodium* ordered.

March 1. Slept well all night. Pupils are now normal. No hallucinations. Patient is able to retain urine, and the distension of the abdomen is less. Pulse 104.

Three incisions were made into the eschar, and fresh paste applied, but mixed with less *stramonium* ointment.

March 2. Patient passed a restless night. The bowels have been relieved. The abdomen is now resuming its normal appearance. No hallucinations. Pulse 100. The edges of the slough have separated, and from beneath them there is a discharge of pus. Simple dressing.

March 3. Another restless night. The slough has still further separated. There is in the centre of the tongue a thick, pale yellow fur. Bowels again relieved.



March 4. A good night. Most of the slough was cut away; beneath there is a healthy, granulating surface, but, on one part, the edge is indurated. The paste was again applied.

From this time the case went on well. Whenever there was any suspicious-looking spot the paste was re-applied, so that by April the growth had entirely disappeared, and the wound had all but healed.

Symptoms, as they occurred from time to time, were treated; but the medicinal treatment consisted chiefly of the use of *hydrastis* and the *iodide of arsenic*. Now, (November) the wound has been healed for some months, and the scar is healthy, and free from induration. Quite lately, however, a small, raised, indurated and suspicious-looking nodule has appeared, about an inch and a half from the seat of original growth, and well outside the mark of the scar. It is intended to apply the paste at once to it.

There seems little doubt that the growth was a pure epithelioma. Its history and characteristics point distinctly in that direction. It remains now to be seen whether it will recur. At any rate, the patient's life has been prolonged, and her health restored; for the constant offensive discharge and irritation set up by the tumour was doing considerably on her.

A misfortune teaches often as much as a success, and in this case the susceptibility to the influence of *stramonium* was probably an idiosyncrasy on the part of the patient, as the quantity of the extract used was but small. In making Fell's paste, the directions are to use an equal part of the extract of *stramonium* to an equal part of a mixture of *inguinaria* and *chloride of zinc*. Thus, in two drachms of this paste there is one drachm of the extract of *stramonium*. In two drachms of Marston and Macclimont's paste there are only seven grains of *stramonium*. There is thus a difference of fifty-three grains in the amount of *stramonium* used in an equal quantity of each paste. Should, then, Fell's paste be used in the treatment of a patient with an idiosyncrasy similar to the above, it seems not unlikely that a fatal result might ensue.

As no mention is made of any unforeseen accident being likely to occur in the use of either paste, and reported cases from these are being very uncommon, it would seem that the absorption of the *stramonium* to the production of physiological symptoms is rare.



CLINICAL NOTES ILLUSTRATIVE OF THE  
CURATIVE ACTION OF A FEW MEDICINES.

BY DR. HARMAR SMITH.

(Continued from page 427.)

## CASE III.

*Strychnic nitrate.*

(P. H. B. 1st edition.)

Jan. 30th, 1878.—Rev. N. D., Deal. Bilio-nervous temperament. Came to me suffering from severe and persistent pain in lower part of right chest, about two inches above and to right of the scrobiculus cordis. Pain dull and gnawing, increased by quick walking, or much muscular exertion of any kind, but not by deep inspiration, nor (he says) by public speaking, although Monday is often a very bad day. Pain worse on an empty stomach, otherwise it occurs indifferently at any time of the day. It very rarely, however, comes on in the night. Sometimes attended with a bursting sensation at the sides. A meal frequently gives relief to the pain; in fact, he cannot bear fasting, and says he has to take food frequently. Pain generally dull and heavy, but has been more acute of late. Occasionally nausea and vomiting follow the pain when it supervenes during exercise. Frequently awakes with a putrid taste, and there is at times a dark, dry stripe down the centre of the tongue. Bowels regular. Mucous pale. Urine normal. Had a similar attack about 10 years since, which was of long continuance, but after its cessation there was no return for four years. The symptoms recommenced about three months ago, since which he says that he has never had a day's cessation from pain.

*Tr. sulph.* (1) ter die.

Feb. 6th. No improvement. *Tr. bry.* 1 x. gtt. i. ter die.

Feb. 13th. Much the same. It now occurred to me (remembering Dr. Madden's interesting case) that the symptoms might be due to myalgia of the diaphragm. The pain still persisted in the same spot. I therefore prescribed the medicine which had been so successful in Dr. Madden's case,\*—*actæa racemosa* (1 x) 1 drop every four hours.

\* *British Journal of Homœopathy.* Vol. 25, p. 493.



February 20th. A slight mitigation of the pain.

Continue *act. rac.*

March 6th.—The pain is now as bad as ever, and greatly interferes with his ministerial duties, and makes life a burden to him. The diagnosis, too, I felt was very obscure. I therefore asked him if he would like to go to town and see Dr. —, a proposal which he most gladly acceded to.

March 13th. He has seen Dr. — who prescribed *strychnic nitrate* 1-200th (*P. B. H.*, 1st ed.) 7 drops three times a day. This had completely removed the pain in the chest, but had induced a severe pain at the back of the head. At times dragging, and at other times as if the head were compressed by a band.

27th.—Continues free from the chest pain, and is now able to take the medicine without getting the headache.

July, 1880. I saw Mr. D. a few weeks ago, who assured me that he had had no return of the pain, and had otherwise been in excellent health.

#### CASE IV.

##### *Strychnic nitrate.*

Rev. G. H., Maldon. Son, æt. about 15. Jan. 18th, 1880.—During the last three or four years they have written to me several times about the following symptoms in this youth. Whilst the attacks continue he suffers from repeated jerking or nodding of the head, which is completely beyond the control of the will. He has no other symptoms of illness, so that he goes on with his lessons at school, but is much annoyed by the occasion which his lament affords for the merriment of his schoolfellows.

The first attack was the consequence of sunstroke, and was relieved by *glonoin* (3). *Belladonna* also gave temporary relief.

He has, however, had several relapses, in each of which the affection has been removed by *strychnic nitrate*.

I now, therefore, sent the following:

R. *strychnic nitrate*, gt. xv. ad 3 ij.

Sum gt. v. ter. die.

(I have omitted to mention that the relapses have been occasioned by the excessive use of the bicycle).

This prescription set aside the symptoms in a day or two, and he has had no return of them until the present month.

Ramsgate, August, 1880.



## POISONING BY DIGITALIS.

By T. E. PURDOM, M.D., Newcastle-on-Tyne.

HAVING observed two cases of poisoning by this favourite remedy recorded in the *Lancet*, at different dates, I think they are well worth bringing together, as additional provings, besides confirming the known symptomatology, and showing how largely, even the ordinary use of this plant, is on the principle of similars.

CASE I.—*Lancet*, April 15th, 1876.

A recruit, aged 22, complained of sickness on the fourth day after enrolment.

Symptoms, Dec. 18th, 1874.—Complete loss of appetite, nausea, heartburn, occasional vomiting, constipation, great tenderness over stomach, headache and giddiness, miserable appearance, thickly coated tongue, temp.  $98.6^{\circ}$ ; pulse 56.

Dec. 23rd.—Pulse 52. Vomited green, slimy mass. Treatment of no use.

Dec. 26th.—Strength failing, aspect more sickly and pitiable.

Jan. 1st.—Skin pale, ashy-grey and parchment-like. Lips, conjunctivæ and gums anæmic; tongue moist, greyish-white coating; breath very foetid. No disturbance of motor power; mind clear. Pupils equal and natural; temp.  $97.8^{\circ}$ ; pulse 52. Headache and giddiness increased; noises in ears, and dimness of vision were added to these; hiccough followed.

Jan. 9th.—Difficult deglutition. On standing up, he fell in a faint; on same day, on getting out of bed, he fell back, became convulsed, and died.

*Post-mortem*.—No cause of death could be discovered; all organs healthy. Blood fluid, dark, cherry-red colour; right side of heart full; left empty. Brain very anæmic; fewer puncta ementa than usual; sinuses comparatively empty; mucous membrane of stomach and duodenum presented some isolated spots of congestion, upon which the capillaries had ruptured, and ecchymoses were found.

Among clothes of deceased pills were found containing *digitalis*, which inquiry proved he had been taking. A comrade confessed to having taken the same pills, and he



and very similar symptoms, only in a less degree, viz.—loss of appetite, loathing of rich food, nausea and vomiting, constipation, tinnitus aurium and vertigo, with thick cloud before his eyes. Each pill was found to contain more than one-and-a-half grains of the powdered *digitalis*. Two hundred and forty-six of these being taken in four or five weeks. The gastric symptoms were attributed to the local irritant action of the drug.

CASE II.—*Lancet*, January 31, 1880.

A married lady, æt. 34, was ordered to take two or three of Homolles' *granules of digitaline* daily for palpitation and other hysterical symptoms. Each granule contained one grain of the alkaloid.

Symptoms, April 25th, 3 p.m.—She took fifty-six of these at once, emptying the bottle. Save a bitter taste, felt well enough till 6 p.m., three hours after. Then she felt giddy and disposed to vomit, which she did two or three times. Pulse 65; temperature normal. Perspiration breaking out over head; stomach would retain nothing; face now became dusky; pupils dilated; increasing gastric pain; limbs grew cold; pulse weak and irregular, beating 48 per minute; great præcordial oppression; respiration slow, with deep and prolonged expiration; retching continued during night; the temperature only maintained by hot bottles.

April 26th, morning.—Very weak; pulse 44, feeble and intermittent; sighing respiration; face almost livid; pupils dilated; mind clear; urine abundant; bowels not moved.

Noon.—Still weaker; temperature still artificially maintained; pulse 42, intermittent. After this, with strong stimulant treatment, the pulse began to rise and the other symptoms to give way.

These two cases show clearly the specific relation of *digitalis* to the heart. They go to prove that it is not a pure cardiac tonic merely, seeing that in these cases it gradually weakens the heart till in the first case death ensued, and in the other all the symptoms of collapse were present. Admitted the principle of similars, then all is plain as to the beneficial action of *digitalis* in many heart affections. Very large quantities seem in these cases



necessary to produce the physiological effects of *digitalis*, bearing out our therapeutical use of it, for it is used by most of us, I think, in a more or less material dose. I feel satisfied that this even has to be increased to several minims of the tincture, and from ten to twenty drops or more of the concentrated infusion in certain cases. The symptomatology indicates this remedy both in functional and organic cases of heart disease. I have seen the first centesimal dilution relieve speedily vertigo, irregular cardiac action, and much the same gastric state too as seen in the first case; while twenty drops of the infusion has been too small to remove the intermittency of valvular disease. Supposing the first case to have lived longer under the influence of the poison, or the second case to have continued for some time in a state of collapse, dropsical and other symptoms would have shown themselves just as in any other case of cardiac debility, according to the amount of disease present. Apart from any theory as to the exact way in which *digitalis* acts, these cases are very instructive, as confirming its *usus in morbis*, and as showing that this is on the principle of "*similia similibus curantur*."

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## THE MEDICAL NIGHT ATTENDANCE ON THE RICH AND POOR IN LONDON AND OTHER LARGE ENGLISH TOWNS, COMPARED WITH THE SAME ATTENDANCE IN PARIS AND OTHER TOWNS.

(A Suggestion for Introducing Dr. Passant's Plan into England.)

By DR. ROTH.

IN all large towns a number of people are often suddenly taken ill during the night-time; children are suddenly seized with croup, asthma, colic, neuralgia, and other pains; women have premature labour pains, and suffer from spasms, or hæmorrhage; men may have an apoplectic seizure; while all men, women, and children are subject to many diseases, and accidents through fire, poison, etc., which (at night) may require immediate medical relief.

The poor have certainly not the means of calling in a doctor, and frequently do not know where the parish one, belonging to the district, resides. In their necessity, when ill, they send an obliging neighbour, who has offered his



services in sympathy for the sufferer, to the nearest workhouse, which may be one or two miles distant. On arriving there, he rings the bell and gets an answer from the night porter (if not asleep) in the course of a few minutes; the latter, after hearing what is wanted, tells him (disappointed at not having immediate medical assistance) to go to the relieving officer of the district in order to ask for an order on the parish doctor, the title usually given to "the Medical Poor-law Officer" of the district. The messenger runs to the doctor's house, the street being generally found only with difficulty; after some time the servant, who is most likely asleep, opens the door, and, on hearing that her master is immediately required, wakes up the doctor—he reads the order, and, in obedience to his official duties, slowly gets up and dresses, as he is still tired in consequence of the fatiguing duties of the day preceding. Since there is no cab to be had, the doctor proceeds with the messenger on foot, and at last finds himself in the room of the poor patient, whom he probably finds surrounded by a parcel of women; the latter are trying by unsuitable means (through ignorance) to ease the patient, as two or three hours have passed since their neighbour started. I need not add that the medical attendant perhaps arrives too late, so that the precious time, during which help was possible, is lost. According to enquiries which I made regarding the night assistance of parish midwives, I find that poor women, who are taken with premature labour pains, are usually taken to the workhouse in a cab, or (when such a vehicle is not to be had) on a stretcher, which is sent from that institution. It is of no rare occurrence for the child to be born during removal; we ought not to wonder that such a thing does happen, since, even in these cases, several hours pass between the commencement of the labour pains and removal to the union.

The rich do not fare better than the poor when immediate medical attendance is required (at night, I mean), in consequence of sudden disease or accident. The family doctor does not always reside in the neighbourhood; perhaps they have no regular medical attendant, in which case the servant (half-asleep) is sent to a well-known physician or surgeon, who probably lives at a considerable distance—here, much precious time passes before the door is opened, and her receiving an answer—it may happen that the renowned follower of Æsculapius has been telegraphed for



from the country. The servant returns and receives another address, where the doctor, having returned very late and tired from a dangerous case, has given orders not to be disturbed unless required by that special patient. Another medical man is found, but having caught cold is sorry to be unable to go out at night. Finally, a medical man, willing and able to pay the visit, is found; but, during this search for doctors, the patient has been several hours in pain. Many other incidents might be mentioned which interfere with prompt medical attendance during the night-time, but what I have been mentioning will give some idea of the night medical service in London through which both poor and rich suffer.

A similar state of things used to prevail in Paris and other continental towns, until Dr. Passant—a well-known philanthropic physician, and General Secretary to the Society of Physicians belonging to the Bureau de Bien-faisance in Paris—after many years of persevering work, introduced the present system of medical night service. In 1869, a petition was sent to the French Senate, in which complaints were made to the effect that many people, who were suddenly taken ill at night, were unable to obtain any medical assistance, and that, in several cases, death followed, when it might have been prevented by prompt medical relief. The celebrated surgeon and senator, Nelaton, who was chosen by the Senate to study the question and report on it, proposed that special offices should be established in the various parts of Paris, where a medical man could be always found throughout the night. Just at this time, however, Dr. Passant, who for years had studied the question, proposed to M. Husson, Director-General of the Assistance Publique, that the various police stations should be made use of for the registration of those medical men who were prepared (in the night-time) to attend persons requiring their aid. During the year 1870, so unhappy for France, the question made no progress. However, in 1872, Dr. Passant's plan found in Nelaton an ardent patron and advocate; the latter gave up his own idea and acknowledged that of Dr. Passant to be more simple, more practical and less expensive. Unfortunately, the bad state of health, followed by the death, of the great surgeon, prevented the practical introduction of the system in Paris, though it has been in use in Berlin since 1872, and in St.



Petersburg since 1874. Finally, in 1875, after having in vain applied to M. Nervaux, M. Husson's successor at the Assistance Publique, placed his proposal before M. Renault, Prefect of Police, who at once acknowledged the importance of the question, and almost entirely adopted it. The prefect, in the month of November, 1875, made his report for the Municipal Council of Paris, from which I give a few extracts.

"I believe I am complying with the wish repeatedly expressed by public opinion in asking you for 10,000 francs, in order to organise a Medical Night Attendance for those persons who are suddenly taken ill or have an accident at night. The cases where want of medical aid have had fatal consequences are happily not very numerous; but, from time to time, we hear of painful cases, the report of which—published more or less exactly by the Press—serves to strike the imagination, and offers an excuse for the most passionate recriminations on the medical profession. But these are undeserved, since the Medical Body of Paris cannot, in general, be charged with not sacrificing their rest, health, and even their interest, for the benefit of the sick; but it is unjust that their habits of self-sacrifice should make us forget our common notions of equality towards them. The powers of medical practitioners are merely human and limited. The profession they practise—in the midst of thousands of personal dangers and anxieties, and in the neglect of all hygienic laws—obliges them to have a few hours' rest; indeed, it is an absolute necessity for them. It is a fact that the exaggerated fear of a family and the feverish restlessness of the patient frequently spoil a doctor's rest. The medical man is quite right in taking precautions before attending at night, since it is not rare that, under the plea of immediate medical aid for a pretended patient, he is led into a thieves' den and robbed. Besides, it is very often the case, when the required medical aid has been obtained, that the patient is ungrateful enough to refuse or forget to pay the well-deserved fee. These considerations prove the necessity for administrative interference which will insure the threefold result:

"1. That any patient in need of immediate medical aid, at night, will be sure of finding it, without any precious time being lost in repeated calls on various practitioners.

"2. That the medical man will be in such a condition of health and liberty as will enable him to see the patient at once.



“ 3. That the medical man will not be exposed to any personal risk, or to the loss of the well-deserved fee for his prompt services.

“ Dr. Passant, who is one of the most zealous officers of the Prefecture de Police, where he acts as assistant chief medical officer, has made the following most simple and practical regulations, which leave nothing to be desired:—

“ *a.* In every district the medical practitioners will be asked to sign a declaration in case they wish to attend patients at night.

“ *b.* The names and addresses of those wishing to attend will be inscribed on a large sheet at the police station of that district.

“ *c.* The person wanting a practitioner will send to the nearest police station, and will choose any medical man inscribed on the list.

“ *d.* A policeman will accompany the messenger to the doctor, whom he follows to the patient, and after the visit will take the doctor back to his own house; but,

“ *e.* Before leaving him, will hand him a ticket, worth ten francs, and payable at the Prefecture de Police.

“ *f.* According to the circumstances of the patient, the town will pay for him when he is poor, but if in good circumstances the administration will be repaid by him.

“ There is nothing to be added to these regulations, and as soon as you approve of them, all necessary publicity will be given so as to introduce them at once vigorously into practice.”

Soon after this report of the intelligent M. Leon Renault, which was at once approved by the Municipality of Paris, the names of 545 medical men willing to pay night visits were inscribed on the list at each of the 80 police stations; and on the 6th February, 1876, the night medical service of Paris began. The visits are paid between 10 p.m. and 7 a.m., from the 1st October to the 31st March, and between 11 p.m. and 6 a.m., from the 1st April to the 30th September.

About 700 medical men and 120 midwives are now (Nov., 1880) inscribed at the police stations.

At present, this night service has been introduced into Moscow, St. Petersburg, Odessa, Warsaw, Rome, Milan,



Turin, Lisbon, Berlin, Lyons, Lille, Marseilles, Algiers, and New York. In the last-mentioned town, the State-Legislature has voted an annual subsidy of £3,000, but during an epidemic this sum will be increased; it is believed that here seven out of ten patients pay the fee.

Although Dr. Passant proposed that the night medical service should be made use of for scientific purposes and for medical night statistics, the idea was lost sight of for the first two years. But, since February, 1878, he has prepared statistical tables of the number of visits for each district, the number of men, women, and children who have required assistance, together with the various diseases observed by the medical attendants; these diseases are grouped in the following manner:—

I. Diseases of the throat, eyes, and ears, croup, whooping-cough, etc.

II. Diseases in which the principal symptom is “fear of suffocation.” Amongst them, in the order of frequency, are bronchitis, angina, heart complaints, inflammation and congestion of the lungs, and asthma.

III. Diseases with prevalent abdominal affections, as gastro-intestinal affections, cholera, hepatic, nephritic, and saturnine colics, dysentery, strangulated hernia, etc.

IV. All kinds of hæmorrhages, fever, and rheumatism.

V. Nervous affections, convulsions, neuralgia, and neuroses.

VI. Cerebral congestion and apoplexy, etc.

VII. Abortions. Premature and ordinary confinement.

VIII. Traumatic accidents; wounds, contusions, fractures, luxations, and suicide.

IX. Sudden or accidental death.

The statistics are based on bulletins signed by the night medical attendant, in which the arrondissement, district, sex, age, occupation, and disease of the patient (whose name is not given) are all mentioned.

I have taken the trouble of compiling the statistics published by the Prefecture of Police during the last eleven quarters, viz., from the 1st January, 1878, to the end of October, 1880, and have tabulated every disease observed during the 14,334 night visits. These appear on the following pages.

48, Wimpole Street.



TABLE—showing the number of Night Visits in Paris since the 1st Jan., 1878, till the 1st Oct., 1880.

DISEASES OBSERVED.	QUARTERS—1878.					QUARTERS—1879.					QUARTERS—1880.				
	I.	II.	III.	IV.	Total	I.	II.	III.	IV.	Total	I.	II.	III.	Total	
A															
Angina and Laryngitis .....	86	59	43	55	243	143	68	72	81	364	143	76	79	298	
Croup .....	41	25	23	19	108	64	37	38	34	173	64	36	43	143	
Ophthalmia .....	..	..	..	..	..	..	2	2	..	4	..	..	..	..	
Otitis .....	..	..	..	..	..	..	2	1	..	3	..	..	..	..	
Whooping Cough .....	2	1	3	2	8	6	2	1	2	11	6	2	3	11	
Foreign Body in Ear .....	..	1	..	..	1	..	1	..	..	1	..	..	..	..	
"    Larynx .....	1	..	..	..	1	..	..	2	..	2	..	1	..	1	
"    Esophagus .....	..	..	..	..	..	..	..	..	..	..	..	..	..	..	
Purulent Conjunctivitis .....	..	1	..	..	1	..	..	..	..	..	..	1	..	1	
B.															
Asthma .....	25	22	25	32	104	50	30	36	67	183	50	24	27	101	
Heart Disease .....	32	29	32	49	142	67	40	27	33	167	67	48	34	149	
Bronchitis, Acute and Chronic .....	39	34	45	59	177	142	64	51	94	351	142	65	42	249	
Pleuro-Pneumonia.....	52	41	25	36	154	93	41	39	55	228	93	65	32	190	
Pulmonary Congestion .....	18	9	8	14	49	32	9	11	23	75	32	22	13	67	
C.															
Gastro-Intestinal Complaints .....	75	62	111	79	327	116	85	128	101	428	116	78	156	350	
Cholera .....	10	11	67	4	92	29	4	40	7	80	29	13	76	118	
Cholera .....	..	..	20	..	25	..	7	..	..	15	..	3	9	12	
Dysentery .....	..	1	..	4	..	2	4	6	4	18	2	4	6	12	
Athrepsy .....	..	2	..	..	2	5	4	..	..	..	5	6	6	16	
Colics: Hepatic, Nephritic, Saturnine .....	32	46	39	40	157	55	33	65	71	224	55	72	67	194	
Strangulated Hernia .....	10	22	13	11	56	19	19	13	28	79	19	22	17	58	
Retention of Urine .....	11	12	11	18	52	22	12	9	17	60	22	14	13	49	
Paraphimosis .....	..	..	2	..	2	..	..	..	..	..	..	1	..	1	
Imperforated Rectum .....	..	..	1	..	1	..	..	..	..	..	..	..	..	..	
Prolapsus Recti .....	..	..	..	1	1	2	..	..	..	2	2	..	..	2	
Orchitis .....	..	..	..	..	..	..	..	..	..	..	..	1	..	1	
D.															
Metritis, Metrioperitonitis .....	39	24	23	20	106	24	27	29	24	104	24	47	34	106	
Metrorrhagia .....	28	24	30	17	119	45	26	18	26	139	45	31	30	136	
Abortion .....	35	24	24	29	112	44	26	24	26	120	44	31	30	129	
Accouchement - Complicated .....	64	43	34	71	212	118	65	51	113	347	118	49	43	220	



	QUARTERS—1878.					QUARTERS—1879.					QUARTERS—1880.				
	I.	II.	III.	IV.	Total.	I.	II.	III.	IV.	Total.	I.	II.	III.	IV.	Total.
Cerebral Affections, Paralytic.....	53	62	47	44	196	78	85	67	75	305	78	81	87		246
Convulsion, Tetanus.....	61	63	46	44	204	88	66	69	66	279	88	62	65		215
Tetanus.....	16	41	48	45	150	78	45	67	52	242	78	54	63		196
Neuralgia.....	41	45	41	43	173	82	68	54	81	285	82	77	93		252
Catalepsy.....	10	10	11	15	47	17	13	24	23	77	17	23	22		62
Epilepsy.....	3	3	11	8	25	7	7	6	6	26	7	6	12		25
Mental Alienation.....	6	10	10	6	31	13	20	18	8	59	13	16	19		48
Alcoholism—Delirium Tremens.....															
<b>F.</b>															
Rheumatism.....	5	5	10	11	31	19	12	11	22	64	19	11	14		44
Eruptive Diseases—Variola.....	17	17	10	12	56	67	60	24	26	157	67	60	51		168
Cancer.....										8					
Erysipelas.....										19					
Intermittent Fever.....										74					
Typhoid Fever.....										74					
and Ex-.....															
Anasarca Cachexia.....	48	35	55	41	179	78	45	68	86	267	78	60	89		227
<b>G.</b>															
Wounds Contusions.....	22	40	54	37	153	67	52	65	63	246	67	74	71		212
Sprains.....	13	21	11	21	66	36	21	23	31	111	36	26	32		94
.....	4	5	5	1	15	6	2	7	4	19	6	2	8		16
.....	8	9	19	7	43	17	10	15	6	48	17	9	15		41
.....	2	1	1	6	9	9	6	3	14	32	9	5	7		21
.....	2									11		1			1
.....	2	9	2		13	2	3	1	5	11	2	1	2		5
Carbuncle.....															
Sulphide.....															
<b>H.</b>															
Death at the arrival of the Medical Men.....	4	26	22	41	93	62	24	38	43	162	62	40	51		153
Yearly number of Night Visits.....					3749					5745					4840
Total during the Eleven Quarters since 1st Jan., 1878, to the end of Oct., 1880.															
14384.															



## DISPENSARY EXPERIENCES.

(Continued.)

By ROBERT T. COOPER, M.D., Physician, Diseases of Ear, London Homœopathic Hospital.

WILLIAM YEO, aged 21, of a thin, spare frame, a plumber by trade, became a dispensary patient the 1st October, 1879, for what I regarded as a somewhat singular symptom; it was this: three weeks ago, suddenly, and without apparent reason, he was seized with sickness and vomiting, and the attacks have continued to increase in violence since then; he is seized in the middle of every night with sudden sickness and retching, which completely takes away his whole strength, and leaves him quite prostrate the greater part of the next day, so much so, that latterly he has been obliged to discontinue his work.

His bowels are regular, but his appetite is very bad; the great prostration seems to prevent his being able to eat, but beyond this, and that he suffers from dull achings in the arms, I can elicit no further symptoms. There is certainly no visible evidence of lead poisoning; he has never abused himself, and his family history is good.

Believing that the pronounced prostration pointed to a disturbance of a deep seated and central nervous origin, I determined to choose for a remedy one of the animal poisons, and prescribed for the first week, *apis* 3rd. dec., a drop in three doses daily. Next week I learned that the sickness had been much better until yesterday, when he passed a quantity of foul wind by the mouth, and last night the sickness came on with much belching of foul flatus.

I noted the symptoms anew; anything drank causes sickness, but solid food stays down. Complains much of undefined pains in various parts of the body, and he has a gnawing pain in the left side below the stomach. Regarding this pain, I find, on questioning him, that he used to have a very bad pain in the same place two years ago, unattended with vomiting, and which went away of itself. There is no local swelling or percussion-dulness.

My impression at the time was that the *apis* was insufficient to effect complete relief, though, on present perusal of the report, I can hardly say it justifies any such inference. Anyway, I now gave him *crotalus*, the 4th dec. dilution of Thompson and Capper, and in another week



(17th Oct.) he returned "a different man." He considered himself quite well. The pain in the left side had gone, his appetite had come back, there had not been any retching, except that on one occasion, three days ago, for about half-an-hour foul flatus came up; but there is present a peculiar pain, and one that I attributed entirely to the influence of the *crotalus*—"a pain and numbness in the right buttock, which is very much worse after sitting; the part feels paralysed."

To discontinue treatment.

I feel passing sure that had the above case fallen into the hands of Trousseau, he would have diagnosed "epileptic vomiting," and, though it was impossible to elicit as full particulars from the patient as was desirable, there is yet a more than sufficient interest attaching to the case to justify publication.

*Crotalus*, as Hering pointed out, acts powerfully upon the right side of the body, in this contrasting with its compeer *lachesis*; in other respects their actions are much alike.

*Crotalus* is a remedy very much undervalued. We pay far too much heed to such theorists as Hempel, and far too little to such self-sacrificing and meritorious practical workers as Constantine Hering.

Amongst the ailments for which he recommends it must be numbered "*Inveterate Rheumatism*." In the case to which the following letter refers there was much hepatic disturbance, jaundiced conjunctivæ and skin, as well as persistent hæmorrhage from the rectum, so that the symptoms in every way pointed to *crotalus*, to the 12th dilution of which remedy I attribute the entire improvement as described by my patient, a man of 56, whose own words I quote:—

"About three years ago I was attacked with a swelling in my right great toe, which developed to attacks of gout, jaundice, and hæmorrhage. During the next year and half my constitution appeared to be breaking up, and I became very feeble, swellings in my feet and legs enlarged, and became more and more painful. For the next year, at times, I was a great sufferer, until I became so weak that I could not stand without much pain, neither could I walk. I had to be lifted from chair to chair, and had to be moved into my bedroom on a wheel chair, and then required help for undressing and getting into bed. My



wrist and thumb had also swollen and become acutely painful, so that it was with difficulty I could even sign my name. My left knee had swollen to double its usual size, and for a short time appeared like raw meat. My countenance appeared almost like that of a dying man.

"Such was my state at Christmas last, when you began to visit me. Your treatment resulted, first in the removal of much of the pain and swelling; then I was enabled to *walk short distances with crutches*; then, after a change of air at the seaside, I could throw away my crutches, and my walking powers were gradually restored, so that I can walk a mile without assistance, and have partially resumed the ordinary activities of life . . . . ."

### PATHOGENETIC RECORD.

By E. W. BERRIDGE, M.D.

*GLANDERINUM*.—Concluded from page 563.

(44) *London Medical Gazette*, 1850. New series,  
vol. xi., p. 815.

From *La Presse Médicale*.

A MAN, æt. 23, took charge of three glandered horses for six months. Two or three months subsequently he began to suffer from stuffing of the nostrils, and discharge of thick yellow matter, with tightness of breathing. About ten months later, a small tumour appeared on arm over insertion of deltoid; it continued to increase in size for three months, burst spontaneously, and was healed in about three months afterwards. At this time the discharge from the nose, which had diminished, again increased, and a tumour, of the size of a small pigeon's egg, formed over orifice of left lachrymal sac, burst, and left a fistulous orifice. The same then occurred on right side. Portions of nasal bones exfoliated; he became emaciated, and sank from fever, diarrhœa, &c.

(45) *London Medical Gazette*, 1851. New series,  
vol. xiii., p. 845.

By M. LEVY (at *Val-de-Grace*).

A groom, æt. 26, had been engaged more than a year ago in dressing an ulcerated swelling on a horse's foot.



Soon afterwards was admitted with intermittent fever, was discharged as cured, but suffered a relapse in about three weeks, and frequently afterwards. Towards Midsummer, 1849, he was much better. In November he perceived a swelling in region of nape, which gradually increased in size. On Jan. 1st, 1850, he had pains in joints, rigors, sleeplessness, loss of appetite, and thirst. Several circular violet-coloured spots appeared on legs and arms next day. Strength completely lost.

Admitted Jan. 21 with the following symptoms: Face pale; countenance rather heavy; pulse 80; pains in limbs, with diminution of strength; emaciation; pain on left side of thorax, increased by percussion; spleen considerably enlarged; skin studded with violet spots, most abundant on posterior aspect of trunk and thighs, consisting of flattened tumours, slightly elevated above skin. On face, above eyebrows, and on left cheek, these spots were more prominent. On internal aspect of left thigh there was a tumour of the size of a small nut, of a reddish copper colour, prominent and pointed. On the nape there existed a large tumour, soft, and without any discoloration of integuments. Considerable enlargement of glands in the inguinal, parotidean and sub-maxillary regions.

Jan. 23rd. Pulse 90; number of spots augmented; an incision made into tumour of neck gave issue to blood alone.

Jan. 25th. Sleepless; pain severe in left shoulder; pulse 80; slight epistaxis; glandular swellings augmented.

Jan. 27th. Sleeplessness continued; pain in forearm, with appearance of fresh spots.

Jan. 28th. Colour of spots changed to greenish and reddish brown; epistaxis occurred again.

Jan. 31st. Principal tumours beginning to be absorbed; the pain centred in left shoulder.

Feb. 1st. Violent pain in lower extremities, more particularly in the trochanter and outer side of left thigh; sleeplessness and profuse sweat.

Feb. 8rd. Vomiting during night; cough; pain in left side of chest; tumours diminished.

Feb. 10th. Spots and tumours all disappeared; considerable swelling about left clavicle; body generally much emaciated.

Feb. 13th. Swelling on left thigh; diarrhoea; vomiting.

Feb. 14th. Rigors and subsultus; diarrhoea and vomiting.



Feb. 17th. Pressure on right thigh causes pain.

Feb. 21st. Swelling of left cheek, of the glands of neck on both sides, and of the mastoid attachment of the sternum; had passed four bloody stools.

March 5th. Every symptom worse, and he died to-day.

*Post-mortem* in thirty hours. Glands of neck and axilla congested, as were those also of groin in a less degree; they were of a reddish hue and friable. Mucous membranes of nostrils, fauces, and trachea, of a pale hue. Pulmonary structure crepitant, except posteriorly, where there were portions of extravasated blood. Heart flaccid, containing fibrinous concretions in auricles. Mucous membrane of stomach pale; it contained only fibres of mucus; some slight erosions at larger end. Lower half of jejunum red, and a still deeper hue in ileum. Valvulæ conviventes appeared covered with hypertrophied epithelium. Near iliac valve were deep ulcerations. Numerous ulcerations also in large intestines. Coats of intestines thickened by infiltration. Adhesions between peritoneal surfaces of folds of intestines. Spleen compact in structure, and deep black. Liver rather enlarged, orange-yellow, and granulated in texture. Yellowish pus in left sterno-clavicular articulation, with absorption of the cartilage and osseous lamina. The clavicle at its sternal end was infiltrated with pus. Middle third of left femur was surrounded by recent exostoses, which were still soft and semi-cartilaginous. Two small abscesses existed in the bone. Necrosis of the internal surface of the bone was taking place. The right femur exhibited similar morbid changes less advanced. The medullary canal of the humerus was filled with greenish pus, without any indications of necrosis.

[The above are all the cases of glanders which I have had time to copy out. When I commenced my "Index to Cases of Poisoning," a large portion of which has been published in the *Monthly Homœopathic Review*, I unfortunately omitted these animal poisons (glanders, hydrophobia, &c.); future compilers of *Materia Medica* will, therefore, have to refer to the indices of the various journals, taking care to look under the head of *farcy* as well as *glanders*.

The following are a few *references* which I have noted:—

*Monthly Hom. Review*, 1874, p. 686.

*Med. Chir. Trans.*, vol. 16, p. 171; vol. xviii., p. 201.



*Southern (Charleston) Journ. of Med. and Pharm.*,  
i. 715.

*Boston Med. and Surg. Journal*, ii. 131 ; xxx. 308.

*American Jour. of Med. Science*, xx., 346 ; vii., 502 ;  
xvi., 473. New series, xx., 346.

*London Med. and Surg. Jour.*, vi., 125.

*Dublin Hospital Gazette*, new series, vii., 101, 123, 139 ;  
viii., 153, 189. [*Milzbrand in man*, new series, iv., 350.]

*Provincial Med. and Surg. Journal*, vi., 267, 433 ;  
1845, pp. 9-10.

*Philadelphia Jour. of Med. and Phys. Science*, vi., 181.

*American Medical Recorder*, vi., 673.

*Lancet*, 1830-1, vol. 2, pp. 12, 253, 805 ; 1861, vol. 2,  
p. 840 ; 1885-6, vol. 1, p. 594 ; 1888-9, vol. 1, p. 514 ;  
1877, vol. 2, p. 461 ; 1850, vol. 1, p. 51 ; 1850, vol. 2,  
p. 454 ; 1881-2, vol. 1, p. 698.

*London and Edinburgh Monthly Jour. of Med. Science*,  
i., 413, 415 ; ii., 181, 630, 629.

*New York Med. and Phys. Journal*, ii., 198.

*Medical Times* (old series)., ii., 41, 80, 105 ; iv., 139 ;  
v. 115, 263 ; vi., 21 ; vii., 329 ; viii., 285 ; x., 476,  
374, 325.]

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## REVIEWS.

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*A Manual of Pharmacodynamics.* Fourth edition, revised and  
augmented ; being the course of Materia Medica and Thera-  
peutics delivered at the London School of Homœopathy,  
1877—1880. By RICHARD HUGHES, L.R.C.P. Ed. London :  
Leath & Ross. 1880.

THE retirement of Dr. Hughes from the lectureship of Materia  
Medica and Therapeutics, at the London School of Homœopathy  
was a source of regret to all who were interested in the progress  
of homœopathy, and especially of the school, as Dr. Hughes'  
speciality, if we may so term it, has always been Materia Medica.  
But as evils are never unmixed with good, so here, in losing  
Dr. Hughes as lecturer, we gain his lectures in a complete form.  
These lectures are based on his already well-known work on  
Pharmacodynamics, which had previously reached a third and  
enlarged edition. The present edition is much more valuable  
than any of its predecessors, and is largely augmented, and  
revised in all the chief articles, with the result of making it one  
fourth larger than the third edition. We, as editors of this  
journal, have an especial interest in studying the present work,



since we felt it our duty to comment rather stringently on certain points in the former editions which we considered of great importance, and in which we did not agree with our author's views. Dr. Hughes has done us the honour of alluding frequently in this work to our criticisms, and has taken them, as we were sure he would, in a friendly way, meeting us as adversaries in literature and science should do. In noticing our objections, Dr. Hughes never shirks a point, but always discusses it freely and fully. This feature of the present edition removes the necessity for our returning to the charge. The author is as fully entitled to maintain his own views as we are to uphold ours, and the need for fault-finding disappears when we perceive in a disputed point the author stating the divergence of opinion, and discussing the *pros* and *cons*, although he may still adhere to his expressed belief. Not only is this done most fairly and fully, but the mode in which he formerly expressed his views has been in most instances so modified as to render it unnecessary to point out again where we differ, the divergence being now smaller, and so put as to let the reader see that they are doubtful points, though explained by Dr. Hughes in the way he personally considers correct.

We are especially pleased with his lecture on *mercurius* from this point of view. The article is a very able one throughout, and is much more fully discussed than formerly. In our former criticisms we pointed out what seemed to us extraordinary, that Dr. Hughes' conclusions in regard to the action of *mercury* in syphilis was that it could not be claimed as homœopathic, a view of the subject we could with difficulty understand as coming from the pen of a homœopath. In the present volume, the whole of this subject is discussed with minuteness, care, and attention, and with the calmness of one fully at home in his subject. As it now stands we have no fault to find, although we may not quite agree with our author. He simply argues as every careful homœopath should do in prescribing, that *mercurius* does not correspond symptomatically or pathogenetically with syphilis as a whole, and that, while strictly homœopathic to it in certain stages, it is not so at others. This is quite a tenable position, and if Dr. Hughes' arguments are admitted to be correct, his conclusions follow. As we have already said, no fault can be found with an opinion so carefully argued, and so stated that each reader can form his own judgment on the question. It has, at all events, the merit of avoiding the routine recommendation of a drug for a disease as a disease.

Only one point to which we in our former criticisms took exception, has been left as it stood in former editions. Dr. Hughes told us personally that he had noticed and replied to our objection, but we are unable to find it. This is in regard to the use of



*arsenic* in watery diarrhœa—not chronic. Our author says “as the purging caused by it (*arsenic*) depends on intestinal inflammation, it is scarcely homœopathic to simple ‘functional’ diarrhœa, however severe.” It is unnecessary to repeat in full our former remarks on this point, but we think it an important one, and regret that Dr. Hughes should not have noticed the difference of views held on this point by others. Here pathological theory rules practice with our author, while the majority of practitioners are well aware of the inestimable value of *arsenic* in diarrhœa *symptomatically* corresponding to *arsenic*, acute as well as chronic.

So much for our former criticisms. The augmentation of the present volume renders it so much more valuable than earlier editions. The form and aims of these necessarily rendered the work too sketchy to suit the tastes of some, and the more amplified is the present edition the less does this objection hold. Taking it all in all, the book is an admirable one. Many works on *Materia Medica* have been published, the aim and mode of construction differing in all from Dr. Hughes’ work, and we have no hesitation in saying that, for a beginner in homœopathy, or an enquirer into the principles and practice of this system of therapeutics, we possess no book which is so likely to give him a general introduction to the subject as the one now before us. In it he gets an excellent idea, complete as far as it proposes to go, of the action, pathogenetic and therapeutic, of each drug. The sources of our knowledge of each drug are prefixed to each, while the *modus operandi* is explained fully, and the light of pathology brought to bear whenever possible. We are told by many that the way in which the enquirer or tyro should gain his knowledge of homœopathy is by the way in which, up till lately, everyone was obliged to take, namely, the study of the *Materia Medica Pura* with a repertory; but many men are deterred from acting thus owing to the vastness of the undertaking and the difficulty of seeing their way through what seems like a maze to a beginner. Dr. Hughes’ work here stands us in excellent stead. By studying it the enquirer gets a succinct glimpse of the whole subject; he learns the foundation and the main lines of structure of the *Materia Medica* of homœopathy in an easy manner, and is thus placed in a position to study the minute detail in the *Materia Medica Pura* with the aid of a repertory. Dr. Hughes does not intend his work to be a substitute for the individual study of the *Materia Medica*, but simply as an introduction to it, and in this aim he has succeeded admirably.

Such a work is much needed, and we always say, when asked by an enquirer what books he ought to provide himself with, “Get Dr. Hughes’ *Pharmacodynamics*; this will give you such an introduction to the subject as will prepare you for the more elaborate study of the *Materia Medica Pura*.”



We forbear to make any quotations from this book, as we have not space for such an extract as would do our author justice. It is enriched by the insertion of seven introductory lectures, which have been already published in different forms, and which we noticed as they appeared; but the insertion of them here, as an introduction to the study of the individual drugs, gives a completeness and value to the present edition which the others had not. All the leading medicines are so admirably sketched that it is difficult to select those which are specially good.

We commend this work, not only to beginners, but to practitioners of standing, who will have their memories refreshed on points which are apt to be forgotten in every-day busy practice. The style of writing with which Dr. Hughes is so gifted makes it quite a pleasure to read his book on what is supposed by many to be a dry subject. The book concludes with a clinical index.

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*The Principal Uses of the Sixteen Most Important and Fourteen Supplementary Homœopathic Medicines.* Fourteenth thousand. London: Gould & Son. 1880.

FLEISCHMANN, of Vienna, used to say that, with a thorough knowledge of five-and-twenty medicines, a homœopathic physician was fairly armed against disease. The little book before us can scarcely be said to give a thorough knowledge of the thirty medicines of which it details the symptoms they produce, but nevertheless it does give a very adequate knowledge of them for all the most ordinary emergencies. In addition we have a Medical Index—in itself a sort of Repertory—and foot-notes to it, which form a kind of miniature manual of therapeutics, in which the points of difference between the several medicines useful in a given form of disease are set forth.

It is a very useful little book.

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*The Homœopathic Vade Mecum of Modern Medicine and Surgery.* By E. HARRIS RUDDOCK, M.D. Ninth edition, sixty-third thousand. London: Homœopathic Publishing Company. 1879.

Few books on domestic medicine have achieved the wide popularity of that before us. It is too well known to need any criticism. It is well known simply because it has been found useful by those on whose behalf it was written. We think, then, that the publishers have done wisely in issuing the present reprint, and have little doubt that it will continue to fulfil its mission of enabling homœopathic treatment to be adopted where otherwise there would be no resource but the use of drugs and methods of very doubtful value.



## NOTABILIA.

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### AN AMERICAN VIEW OF HOMŒOPATHY IN ENGLAND.

To the end that we may "see oursel's as ithers see us" we reprint from the *Hahnemannian Monthly* (October) the following article, entitled, "The Situation in England."

"There are few things that would give more sincere gratification to American homœopathists than to see our system of medicine enjoying the same prestige and exerting the same influences in England and on the Continent that it does in this country. We all know, and in some measure appreciate, the nature of the obstacles that lie in the path of medical progress across the Atlantic. The intense conservatism of European thought, and the powerful grip with which the medical authorities hold possession of the universities and clutch the doors of the great hospitals, have thus far been sufficient to prevent effectually any successful invasion of their precincts by the champions of homœopathy. At the same time the legal authorities in Europe, fully as much as in republican America, endeavour to follow the dictates of popular and professional majorities, and fail to appreciate the full force of the doctrine that there are particulars in which the majority has no right to rule, and that men's medical preferences constitute one of them. Springing legitimately from this misconception of men's natural rights, we see an evident indifference to the claims of the homœopathists in England and other countries, simply because they cannot outvote their opponents, who are ever ready in any 'lawful' way, to appropriate the belongings of those who disagree with them,—there are so many people in the world, even educated people, who imagine that a legislative enactment can justify even a crime.

"There are, it seems to us, two things that our English brethren would do well to force constantly and perseveringly upon the attention of their authorities and people, viz.: First, that *all* the 'expert' testimony in reference to homœopathy is in favour of that system. Of all those who, by reason of a thorough knowledge of its principles and practice, and by actual observation of the results of its application in disease, are competent to speak on the subject, not one disputes its claims or doubts its verity. The testimony of its opponents is not expert testimony. Not one of them could pass a graduate's examination in its principles and practice,—not one has a personal knowledge of its effects upon the sick. All the allopathic evidence of any value whatever is favourable to homœopathy, and this evidence consists



not in what allopathists may or may not think about it,—that, as we have just said, is of no account either way,—but in the brilliant success which so frequently results even from the bungling use of homœopathic remedies in allopathic hands. *ALL THE EVIDENCE, then, is in favour of homœopathy as one of the settled and established principles of modern medical science*, without a knowledge of which no medical education is complete, and no practitioner qualified for his office.

“ Secondly, in view of this universal indorsement of homœopathy by those who alone are competent to judge of its merits, the homœopathic taxpayers of England are justified in demanding, with a persistent determination that will accept nothing short of perfect acquiescence, that homœopathy shall, from this time, enjoy in all institutions under the patronage of Government equal favours and rights with allopathy. That its practitioners shall have their own colleges, their own hospitals, their own examining and licensing boards, and an equal and due share of governmental preferment.

“ Of course it must not be expected that such efforts can at once secure a complete or even a partial success. Time, watchfulness, determination, unity, are all-important elements in such an enterprise; but it would be strange, indeed, if the proverbial bull-dog pertinacity of the typical Briton did not eventually triumph over the machinations and the resisting force of the foes of medical progress and the enemies of popular rights. A little banding together of the homœopathic physicians and laymen, for the purpose of defeating candidates for office known to be unfavourable to their claims, would have a wholesome influence upon all officials. It would furnish evidence that these homœopaths did not propose to tolerate any nonsense or any evasion of the question, and would ensure to them a more respectful hearing and a speedier acknowledgment of their rights. The mere fact of such an organized opposition to a candidate, even if not a very formidable one, would cause a shaking among the dry bones. Office-seekers know full well that it often takes but a few votes to set aside a majority.

“ Within quite a recent period an interesting discussion has arisen among the British homœopathists respecting their college and hospital facilities. Apparently some of these men are pretty fully convinced that it is about time for them to have control of the medical education of their own young men, instead of waiting for conversions from the allopathic school, and that the policy of depending for their own leaders upon desertions from the staff of the enemy has prevailed long enough. Some of them are urging the establishment of a completely appointed college and the securing of all needed legal authority to enable them to carry on the work of educating and licensing their own students, thus



maintaining an entire independence of the allopathic school. The progress of the movement will be watched with eager interest from this side of the Atlantic, and we suggest that American physicians can give aid and comfort to their English brethren in this movement, by attending in force the World's Homœopathic Convention, to be held next year in London."

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### HOMŒOPATHY IN THE UNITED STATES.

From the report of the Bureau of Statistics made to the American Institute of Homœopathy the present year, it appears that there are 6,000 homœopathic physicians registered in the United States. There are 28 State societies, of which 17 are incorporated by their respective States. There are 92 local or county societies, and 7 clubs, partly professional and partly social. Of the 88 homœopathic hospitals in this country, 80 report 1,682 beds, which provided, in the last year, for 14,959 patients, with a mortality of 867,—about 2½ per cent. The cost of building 25 of these hospitals has been \$1,549,175, and they are mostly supported by contributions and paying patients. Of the 29 homœopathic dispensaries, 25 report having treated, in the last year, 117,564 patients, with 272,772 prescriptions, at a cost of \$10,689.19, or about 4 cents for each prescription. Eleven homœopathic medical colleges are established, and instructed, last year, 1,192 students, of whom 887 were graduated. The total number of graduates from these colleges is 4,922. The cost of establishing 5 of these colleges has been \$280,000; the cost of the others is not given. There are 16 homœopathic journals published in this country, quarterly, monthly, and semi-monthly, with an annual total of 8,784 pages, and an aggregate of 28,450 copies. In addition, there are national medical societies, medical schools for special subjects, a publication society, and a very prosperous life-insurance company, called the New York Homœopathic Mutual. The tables of statistics are compiled with great care, and will be of interest to statisticians and the friends of this school of medicine.

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### UNSCRUPULOUSNESS.

In a suit in the Supreme Court, in Brooklyn, not long since, Dr. J. S. Johnson testified that Dr. Carnochan, one of the plaintiff's witnesses, was "a man of the highest surgical ability, but of unscrupulous character." Being pressed for a more definite answer as to Dr. Carnochan's "unscrupulousness," Dr. Johnson said that it was a common rumour that Dr. Carnochan consulted with homœopaths.—*New England Medical Gazette*.

[Will not Dr. Jacob, of Dublin, make arrangements for Dr.



J. S. Johnson's election to an Honorary Fellowship of the Irish College of Surgeons? Assuredly such a scrupulous person is well worthy of the distinction—such as it is—of belonging to that College.—Eds. *M. H. R.*]

### INTERNATIONAL HOMŒOPATHIC CONVENTION.

THE following subscriptions have been received by the Treasurer, Dr. Bayes :—

	£	s.	d.		£	s.	d.
Dr. Dixon ... ..	1	1	0	Dr. Harper ... ..	1	1	0
Dr. Cooper ... ..	2	2	0	Dr. Clare ... ..	1	1	0
Dr. G. Wyld ... ..	1	1	0	Dr. S. Morgan ... ..	1	1	0
Dr. Mahoney ... ..	1	1	0	Dr. A. Williams ... ..	1	1	0
Dr. R. F. Edgelow ... ..	1	1	0	Dr. Süß-Hahnemann ... ..	1	1	0
Dr. W. Johnson ... ..	1	1	0	J. H. Nankivell, Esq. ... ..	1	1	0
Dr. E. Cronin ... ..	1	1	0	Dr. Lloyd Tuckey ... ..	1	1	0
Dr. Roth ... ..	1	1	0	Dr. J. Roche ... ..	1	1	0
E. H. Millin, Esq. ... ..	1	1	0	Dr. E. B. Roche ... ..	1	1	0
J. Mansell, Esq. ... ..	1	1	0	Dr. T. Hayle ... ..	1	1	0
Dr. Nield ... ..	1	1	0	S. Stephens, Esq. ... ..	1	1	0
Dr. Shaw ... ..	1	1	0	Dr. A. Clifton ... ..	1	1	0
Knox Shaw, Esq. ... ..	1	1	0	T. Engall, Esq. ... ..	1	1	0
Dr. Bayes ... ..	2	2	0	Dr. Cash ... ..	1	1	0
Dr. Hughes ... ..	1	1	0	Dr. Croucher ... ..	1	1	0
Dr. Hayward ... ..	1	1	0	Dr. Baynes ... ..	1	1	0
Dr. Burnett ... ..	1	1	0	Dr. Gibson ... ..	1	1	0
Dr. T. D. Nicholson ... ..	1	1	0	Dr. Collins ... ..	1	1	0
Dr. Dyce Brown ... ..	1	1	0	Dr. Pope ... ..	1	1	0
Dr. Matheson ... ..	1	1	0	Dr. Jagielski ... ..	1	1	0
Dr. J. Moore ... ..	1	1	0	Dr. E. G. Gould ... ..	1	1	0

### ARSENICAL WALL PAPER.

DR. J. H. CLARKE, of Gloucester Road, writing to the *British Medical Journal*, says : “ Will you allow me to call the attention of the profession to the fact that arsenic is now more largely used than ever in the manufacture of wall papers ; and to warn them to bear in mind the presence of the poison as a possible cause of disease, or of complications of diseases ? A large number of cases of suffering from this cause have come under my notice of late, and I was at a loss to understand them until I tested the wall-papers, and found in them quantities of arsenic ; and was unable to make any impression for good on the patients until the wall-papers were removed. Smarting in the eyes, though a fairly constant symptom, was not always present ; and, when present, was not always a leading symptom. Deep general debility, a continued feverish state, chronic coryza, hæmoptysis, sickness and retching, cramps, spasms, diarrhoea, or constipation, I have observed in various cases.



“ It is not green papers alone that contain the poison. It is largely used in the manufacture of other pigments. I have found it in yellow, pink, blue, and drab ; and no doubt it is to be found in many more. It would be well if every practitioner had one of the simpler tests for arsenic always ready for use. It would, I have no doubt, afford a solution for many trying cases, and save an immense amount of needless suffering.”

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### PROPER COVERING FOR THE FEET.

At the Aberdeen Philosophical Society a few days ago Professor Struthers introduced a subject upon which, it would seem, the public, and especially the female part of it, require more than ever to be informed. The title of the paper read by the professor was “ The Proper Form of Shoe considered in relation to the Anatomy of the Foot.” After a short notice of the bones of the human foot and the characteristics adapting it to the erect position, and of the muscles by which the various movements of the toes are produced, Dr. Struthers said it was evident that the toes were meant to have freedom for individual action. The whole of the muscles of the great toe are separate from those of the other toes, except the slip from its long flexor muscle, which goes to the next two toes, and moves them at the same time, and the slip it receives from the short extensor of the toes ; but the great toe has powerful separate muscles for moving up and down and sideways. The foot is capable of being trained to perform many actions usually performed by the hand. But irrespective of this capability, the toes are evidently naturally adapted for a freedom of motion which is denied them by the form of shoe usually worn. The distortion produced by the fashionable pointed shoes is the dislocation of the great toe, by which it is slanted towards the middle toe, the whole of the toes being pressed together to a point. This is apt to produce bunion over the inner prominence of the toe, and ingrowing toe nail, both very troublesome conditions. The inner edge of the shoe ought to be straight along nearly the front half of the foot. This implies what seems a very curved-in shoe, but it is the only form in which the great toe can be naturally lodged.—*Lancet*.

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### IMPURITY OF FRENCH ARTIFICIAL SELTZER.

M. PASTEUR has recently presented to the Academy of Sciences, in Paris, a paper by M. Boutmy, a well-known chemist, and Dr. Lutaud, on the impurities of the artificial seltzer-water so largely employed in that capital. In Paris the syphons are chiefly employed, whilst in this country the cork bottles are almost universal ; hence there is a twofold risk run in that city—first from



impure water, and secondly from impregnation with lead, etc., from the metal capsules and tubes forming portions of the syphons. In this country we need not be liable to the evil effects of either. Many of the artificial waters sold, especially those made in districts where the water is absolutely pure—Schweppe's "Malvern Seltzer," for instance—are free from risk, but the vile taste of many of the waters made in London ought to warn us against their habitual employment. Not that the substances which give the foul taste, and even smell, need of themselves be prejudicial, but if there is want of care in one thing there is likely to be want of care in another, and the premises in which many specimens are manufactured would alone suffice to give a broad hint to abstain from them. In France since the war, all the vast variety of waters obtained from Germany, especially from the Nassau country and the opposite bank of the Rhine, of which "Apollinaris" is the best known representative, has been interdicted. But in their own "St. Galmier" the Parisians have a water at once wholesome, pleasant, and perfectly safe. They would do well to avoid their favourite syphons.—*Medical Times and Gazette.*

### LONDON HOMŒOPATHIC HOSPITAL.

THE Return of Patients admitted during the period commencing July 16th, and ending November 25th, gives the following statistics :—

Remaining in Hospital July 15th, 1880	...	43
Admitted between that date and Nov. 25th, 1880		131
		174
Discharged between July 15th and Nov. 25th		130
Remaining in Hospital, November 25th, 1880	...	44

The number of New Out-Patients during the above time has been ... 1,881

The total number of Out-Patients' attendances for the same period has been... 5,088

Note.—The Hospital was closed for repairs during the month of August.

### BRITISH HOMŒOPATHIC SOCIETY.

THE Third Ordinary Meeting of the present Session will be held on Thursday, December 2nd, 1880, at Seven o'clock. A paper will be read by Dr. Buck, of London, on "*Pulmonary hæmorrhagic infarction, with cases.*"



## CORRESPONDENCE.

### HOMŒOPATHIC HISTORY.

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—In your September number, after pressing on your readers the important observations of Dr. Jousset as to the right use of the terms homœopathy and allopathy, I ventured to correct some historical mistakes which, I believed, Dr. Bayes had made.

I stated :—“ Dr. Bayes supposes, from the Latin diplomas attached to the British Homœopathic Society's rules, that the founders anticipated giving a qualification to practise. These diplomas are merely honorary distinctions, which exist in many societies, *e.g.*, in the Royal Medical Society of Edinburgh, a students' society, but no member ever thought the diploma conferred any power to practise. In one of Dr. Bayes' early circulars of the School, allusion is made to qualifying certificates. I discussed this point with Dr. Quin, the founder of the Society, and of the hospital; he regarded such a scheme as most injurious.”

Dr. Bayes, in your October number, contradicts my statements, thus :—“ The President of our late Congress at Leeds, Dr. Yeldham, who was a personal and valued friend of Dr. Quin's, in a conversation I had with him, bore out my statement that Dr. Quin fully intended, when the British Homœopathic Society was founded, to ultimately apply for a charter. In conversation with Dr. Quin, he has said the same thing to me, but he considered it better to wait a favourable opportunity, which unfortunately he failed to see. . . . I refer Dr. Black to Dr. Quin's personal friends to correct the inaccuracy he falls into as to the charter question.

I have acted on his advice, and append letters from Dr. Hamilton and Mr. Cameron, the two men who were most intimate with Dr. Quin.

I am, yours truly,

FRANCIS BLACK, M.D.

“ 9, Portugal Street, Grosvenor Square.

“ Oct. 12th, 1880.

“ MY DEAR BLACK,—Dr. Quin looked upon our system as a great reform in therapeutics, and contemplated that in time it would be taught in the medical schools as a part of the usual routine of medical study; but he never contemplated a licensing body for giving degrees or for practice, as far as I know, and I knew him intimately for forty years, and helped to draw up the first rules, &c., of what eventually became the British Homœopathic Society. The diplomas of the Society were issued merely to show that those holding them belonged to the Society, and



therefore believed in our law of therapeutics, but were never intended or never contemplated by the founder as licenses to practise. Dr. Quin was much too wise to suppose that any such proceeding would advance the cause he advocated.

"Believe me,

"Yours very truly,

"EDWARD HAMILTON."

"48, Hertford Street.

"Oct. 16th, 1880.

"MY DEAR BLACK,—I have read the various letters in *The Journal* and *The Monthly Homœopathic Review*, and in answer state that Dr. Quin, in the early days of the Society and to the end of his life, hoped the Society would ultimately attain such a status as would entitle it to a charter; but at no period did he contemplate the idea of the Society, even as a chartered body, granting qualifying certificates or licenses to practise.

"Such an idea, I well know from a most intimate friendship with him for more than forty years, would have been most repugnant to his high professional feeling, especially as regarded our body.

"Believe me,

"Most truly yours,

"HUGH CAMERON."

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## REMARKS ON THE PRESIDENT'S ADDRESS AT THE HOMŒOPATHIC CONGRESS AT LEEDS.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—As the "οἱ πολλοί" of the homœopathic body are held responsible by the old school, especially in these unenlightened regions, for any novel doctrines broached by those who are found in the front ranks of our little army, I doubt not that you will allow, whatever your own sentiments may be, one of the former class to offer a few words of animadversion on the remarks of Dr. Yeldham, at the Leeds Congress, on the relation of therapeutics to pathology. After some observations on the importance of recognising "pathology as the true basis of therapeutics," he adds, "without the light of pathology diagnosis becomes a farce, prognosis an impossibility, and therapeutics little better than a craft."

Now, this last statement especially I believe to be not only opposed to the teaching of Hahnemann (*vide Organon*, Aphorism 7 to 18) but to the judgment of the great mass of homœopathic physicians, even those who do not follow "the master" in everything. Surely, one point of radical divergence between the old and new school of therapeutics, is that which has been now yielded to our opponents by the President of the Homœopathic



Congress. The old school have for generations founded their treatment of disease upon their knowledge—real or fancied—of pathology, and, hence, their treatment has changed, often from one extreme to another, according to the varying speculations of pathologists. On the other hand, after long and wearying experience of the inefficacy of treatment founded on such a worthless foundation as this, I have, ever since becoming an homœopathist, rejoiced in the assurance that true therapeutics was not founded on pathology, a science (if such it can be called) even now in its infancy, but on a comparison of the symptomatology of disease, and of medicinal agents.

We are thus furnished with a therapeutic guide, which is adapted to every minute shade of variation in the symptoms of the malady which we are called to treat, for the symptoms of morbid states, which nosologists distribute into distinct orders and genera, often run into one another like the colours of the rainbow. A disease may retain its name and possibly its essential character, and yet its symptoms vary according to the modifying circumstances of climate, epidemic constitution of the atmosphere, season of the year, &c., as well as the age, constitutional state, and idiosyncrasy of the patient. Not pathology, but symptomatology, is the golden thread to guide us through this labyrinth. Pathology is in a very imperfect and rudimentary condition as a science or subject, in spite of all the progress which has been made during the last quarter of a century. Moreover, our knowledge both of pathology and physiology is very unequally distributed. In departments of vital action, where our knowledge of these subjects is in a comparatively advanced condition—*e.g.*, where the heart or lungs are in question—this knowledge may aid us materially in practice. Even here, however, the question may arise whether pathology does more than *expedite* our practice, and render needless so careful and painstaking a study of the symptoms. If so, even in a region where physiology and pathology have taught us so much, it would be unjust to describe the practice of a mere painstaking student of “the totality of the symptoms” as “little better than a craft.”

In the case of the diseases of organs whose functions are little if at all known, and their pathology equally obscure, *e.g.*, many affections of the nervous system, and even of the abdominal viscera, the physician is dependent on symptomatology alone, and there is no alternative between this, and the pure empiricism which characterises so much of the practice of the allopathic appropriators of our medicines.

If, for example, a clairvoyante were to inform an ardent pathologist or organopathist (and he believed her) that the fornix or pineal gland (once supposed to be the seat of the mind) was the seat of the disease, or even that the spleen



or pancreas was functionally deranged, what would this avail him in practice unless he knew the symptoms that the patient was labouring under? And if he knew the symptoms, what would the pathological information add to his treatment?

The history of medicine proves abundantly the evil of founding the treatment of disease on pathological theory. What, for example, has been more disastrous than the result of the various speculations on the nature of inflammation, leading on the one hand to the depleting treatment of Broussais and Brown, and on the other to the hyper-stimulating treatment of the late Dr. R. B. Todd?

I would observe, in conclusion, that I am very far from denying the value of a knowledge of pathology in the practice of our profession. I fully agree with Dr. Yeldham as to its value in regard to diagnosis and prognosis; without it they would not have a leg to stand upon. All that I would protest against in the President's of the Congress otherwise valuable address, is what I regard as the undue place given to pathology (a growing danger, I believe, amongst us), and, especially, in its being "recognised as the true basis of therapeutics."

I am, Yours truly,

J. HARMAR SMITH.

22, Augusta Road, Ramsgate.  
Oct. 15th, 1880.

### HOMŒOPATHY IN NICE.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—It will perhaps interest some of your readers to know that homœopathy is in fair progress in the South of France, and particularly in Nice.

Owing to the presence in that town of a great many believers in homœopathy in the English, American and Russian colony, a special Homœopathic Dispensary had become indispensable. In that respect there is nothing more to desire now; a splendid homœopathic pharmacy is opened to the public in the very centre of the town, Avenue de la Gare.

I have seen all the homœopathic pharmacies in Paris, and can testify that none by its external appearance answers so well to the genius of homœopathy as this one, both in its general decoration and in the arrangement of the remedies.

This I consider to be a good indication of the progress our system is making here.

With best thanks for your kind hospitality,

I am, Gentlemen, Yours respectfully,

DR. BERNARD ARNULPHY.

Nice, Nov. 12th, 1880.



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## INTERNATIONAL HOMŒOPATHIC CONVENTION.

*To the Editors of the Monthly Homœopathic Review.*

GENTLEMEN,—Some of our body, to whom the intention of holding an International Convention next year has only now become known, are desirous of contributing papers for discussion, but feel unable to prepare them by the date originally specified, viz., Jan. 1st, 1881. We therefore wish to state, through your columns, that they are welcome to an extension of the time as far as March 1st. Further delay can hardly be granted; as the papers, when received, have to be read by five censors, and then, if approved, have to be printed in time for distribution to intending speakers some weeks before the assembly in July.

I am, Gentlemen,

Faithfully yours,

RICHARD HUGHES,

For the Officers of the Convention.

Brighton, Nov. 8, 1880.

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## ANOTHER SMALL DOSE!

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—If, as some of our opponents would have us believe, homœopathy consists in minute doses of medicinal substances, *Madre Natura* herself stands convicted of pestilent heresy and heterodoxy. But the fashion in medicine has turned, and we may now daily witness the spectacle of physicians of the old school actually able to recognise and discuss calmly such a dose as is referred to below without any alarming exhibition of ridicule or sarcasm.

A few days ago, in a circular addressed to the medical profession relating to the virtues of the mineral waters of Mont Doré, extracts were given from a paper by Dr. Horace Dobell (Physician to the Royal Hospital for Diseases of the Chest) on the curative properties of these waters in asthma and other pulmonary complaints. Referring to the chemical composition of the water, he says: "On examining the *strongest* of the waters, we find (supposing a quart to be drunk daily for fifteen days) that the total amount of mineral ingredients of all kinds consumed does not exceed 600 grains, principally consisting of salts of soda, magnesia, and lime; that out of this quantity the arseniate of soda, for which *alone* the water is famous, does not amount to more than *one quarter of a grain* in the fifteen days."

One quarter of a grain of arseniate of soda in fifteen quarts of warm water!! This corresponds approximately to 2 drops of



our 1st cent. dilution in a quart of warm water daily. Verily not a very massive dose for a physician of the old school ! And yet we are further informed : “ It must never be forgotten that it is *a very definite and potent course of emphatically medical treatment.*” (The italics are Dr. Dobell’s).

Here we have nature supplying a drug in the 1st centesimal dilution, and Dr. Dobell lost in admiration at the wisdom displayed.

“ A change has come o’er the spirit of our dream.”

Formerly the G. B. P. (Gullible British Public) used to be informed by those oracles of wisdom, their medical advisers, that homœopathy was all rubbish, a drop of medicine in a gallon of water ; but here we have the G. B. P. informed that one quarter of a grain of a medicinal substance in nearly *four gallons* of water is a very definite and potent course of emphatically medical treatment. Picture to yourself the dignified surprise of a chemist, say in the West End, being asked to dispense such a prescription as the following :—

R.

*Sodæ arsen.*, gr.  $\frac{1}{4}$ .

*Aquæ dest.*,  $\overline{\text{Oxxx}}$ .

Ft. mist.

Sig. Oii. per diem bibend.

And yet, the public is told, that to deal homœopathically with disease by remedies in such medicinal quantities as may easily be detected by analysis, is a system of fraud, quackery, and imposture.

It would be well, I think, if some of the energy now expended on arguing as to the proper method of teaching homœopathy could be directed to explaining its doctrines to the laity, and to clearing up those ridiculous and misty notions which are so freely circulated about the system. There are many people, and happily, their number is rapidly increasing, who do understand that homœopathy is a law of cure, and not a mere question of dose. This latter fallacy it is, which has given rise to the absurd notion, fostered by old-school physicians, which every homœopathic practitioner meets so often. Patients say, “ Ah, yes ! well, homœopathy and allopathy are very much alike, nowadays ; there’s Dr. Minimdose, he’s almost a homœopath, because he gives very little medicine.” Then there are other people, who say, “ Oh ! homœopathy’s all very well, but my doctor says that the reason it sometimes seems to do good, is the great attention paid to diet and other measures, combined with the fact of taking, really, no medicine.” Candid, to say the least of it.

We all know this class of people, and how ready they are to express their views on the system. Many of them profess to



have tried it, because at some time or other they bought a bottle of globules, and took the whole lot without feeling a bit better or worse. It is rare, nowadays, to meet with anyone who has not some faint glimmering of the word homœopathy. It should be our duty to see that this faint idea is converted into a clear and definite comprehension of the simplicity and *rationale* of the system. Allopaths never scruple to denounce homœopathy on every occasion; we should be equally ready to give a little aggressive explanation whenever opportunity occurs.

Great truths always spread first among the masses. If we help to spread the wave of public opinion, which, far and near, high and low, is everywhere recognising homœopathy as a potent law and a benefit to mankind, we need never trouble ourselves as to the result. The time will then surely come when recognition (so dear an idol to the hearts of some respected brethren) will not have to be petitioned for by some 800 practitioners, but will be demanded by an overwhelming majority for those who, at the risk of present professional ostracism, have fearlessly identified themselves with the law of Hahnemann.

I am, Gentlemen,

Yours, &c.,

A. S. KENNEDY, L.R.C.P. Edin.

Lee, S.E.

18th Nov., 1880.

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### A DISCLAIMER !

*To the Editors of the Monthly Homœopathic Review.*

Gentlemen,—I am surprised to find Dr. Drysdale speaking, at page 687 of the *Review*, of “the homœopathy with non-homœopathic auxiliaries which we *all* (!) practise, or a homœopathy in which the whole medical practice is distinctively homœopathic or nothing,—a *homœopathy which nobody, so far as I am aware, really practises.*” (!! ) As I practised a year in Liverpool, and have frequently written in the journals since that time, Dr. Drysdale ought to know what my practice is. If he does not appear to know it, I wish to state that the whole of my medical practice is distinctively homœopathic, *and nothing else*, and that there are others in Great Britain who could truthfully assert the same.

Yours,

4, Highbury New Park, N.

E. W. BERRIDGE.

November, 1880.

[Perhaps Dr. Drysdale will considerably make a note of the foregoing.—Eds. *M.H.R.*]

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ERRATA.—Line 22 from the bottom of page 640 (October *Review*), for *Spain*, read *France*.

Line 10, from the top of page 711 (November *Review*), for *professed*, read *preferred*.



## NOTICES TO CORRESPONDENTS.

•• We cannot undertake to return rejected manuscripts.

We regret that we have been obliged to postpone the publication of Dr. MORRISON'S paper, which is already in type, until our next number.

Communications, &c. have been received from Dr. BAYES, Dr. BERRIDGE, Mr. HARRIS, and Dr. KENNEDY (London), Dr. HARMAR SMITH (Bamsgate), Dr. HUGHES (Brighton), Mr. BUTCHER (Reading), Dr. BLACKLEY (Manchester), Dr. SHARP (Rugby), Dr. KNOX SHAW (St. Leonards), Dr. PURDEN (Newcastle-on-Tyne), Dr. COHN (Mexico), &c.

## BOOKS RECEIVED.

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